

# **Review of EXISTENTIAL PSYCHOLOGY and PSYCHIATRY**

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**REVIEW  
OF  
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EXISTENTIAL PSYCHOLOGY AND PSYCHIATRY**

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## EDITORIAL

On November 12, 1961, the American Association of Existential Psychology and Psychiatry presented Gabriel Marcel in a conference at the Carnegie Endowment International Center in New York City. In the morning session of the conference, chaired by Adrian van Kaam of Duquesne University, Gabriel Marcel presented a paper on "My Own Death and Myself" which was afterwards discussed by Paul Tillich of Harvard University. Paul Ricoeur, Professor of Metaphysics at the Sorbonne, honored us by also participating in the dialogue.

In the afternoon session a colloquium was conducted on the contribution of Marcel's thought to psychotherapy. Clemens Benda of Massachusetts General Hospital chaired the group with Leslie H. Farber of Washington School of Psychiatry, Rollo May of William Alanson White Institute of Psychiatry, Karl Stern of the University of Montreal, and Helm Stierlin of Chestnut Lodge Sanitarium as participants.

The Association extends its gratitude to all for their fine contributions, which will be printed in the Spring, 1962, issue of the *Review*, which will be devoted to the conference.

# AN EXISTENTIAL EXPLANATION OF THE GUIDED DAYDREAM IN PSYCHOTHERAPY

J. H. VAN DEN BERG  
*University of Leiden, Holland*

It is a peculiarity of my mind not to believe in a thing unless I have dreamed it. I don't take believing only in the sense of possessing a certainty, but of retaining it in such a way as to have one's being impressed by it.

Julien Green

I have applied Robert Desoille's psychotherapeutic method of *rêve éveillé* (daydream) or *rêve éveillé dirigé* (guided daydream) for the last fifteen years in the treatment of approximately forty patients suffering from varied disturbances of a neurotic nature. Frequently the results which I observed in so doing were so surprising from a diagnostic and therapeutic point of view that I came to regard this method as a welcome addition to the alternatives at the disposal of the present-day psychotherapist. Consequently I have decided to make known in wider fields this method which, to my knowledge, is as yet seldom applied outside France.

Fifteen years constitute a not very long time and forty patients form really a small group. Hence I realize that these results, however startling, justify no more at most than moderately optimistic expectations for the future. I clearly remember, for instance, how first application of hypnosis rendered results which afterwards recurred only by way of exception. There is such a thing as initial enthusiasm which may make the method seem to be more strongly effectual than perhaps it actually is. Therefore I must not entirely ignore the possibility that just such enthusiasm may have contributed to the results I noticed while applying the *rêve éveillé*, which did indeed make an unexpectedly favorable impression upon me. In cognizance of this fact I should have preferred to defer this publication for a while. However, another motive impels me to continue at this time.

A new light is thrown on the nature of the neurotic disturbances by the *rêve éveillé*, through which, in my opinion, we can acquire a new idea about what takes place in perhaps every psychotherapeutic approach and cure. It seems important to me to enter into this more profoundly, and it seems equally imperative to do so not in a few years' time, but at the present moment.

Considering the publications on the theory of neurosis and of psychotherapy, we are struck by the fact that a certain rigidity appears to have set in since the heyday of the psychoanalytical school.

It looks as if we are building ever further on the ideas created by Freud's genius, whereas these ideas themselves have long since ceased to fit into psychology and psychopathology, which, since the days of the Vienna school have undergone an essential change. It is especially in recent years that the rifts and flaws which became apparent in the depth psychology doctrine have been pointed out more and more frequently; occasionally an author — I am thinking primarily of Karen Horney — even ventured to cast a critical glance at the foundation of this building, but there is no indication of a more complete revision, which seems to me to be necessary.<sup>1</sup>

I hope to make clear with the help of this article that the *rêve éveillé* may be regarded as more than an unsuccessful attempt to sketch an outline of the foundations of such a new plan. It would, then, seem desirable to me to start with a brief consideration of the history of the *rêve éveillé*.

### History of the *Rêve Éveillé*

Desoille is not a physician. He is an engineer. Some thirty years ago he came across a little book entitled *Method of development of the supernormal faculties* (Meyer, Paris, 1927). As the title would indicate, the author, E. Caslant, was trying to find a method for the investigation of paranormal abilities, and of clairvoyance in particular. He thought he had found this method in bringing those examined into a condition akin to that associated with the analytical method of treatment. He asked them to relax completely, to give free range to their thoughts and to give a faithful report of what they experienced while doing so. Whereas a patient lies down on the psychiatrist's couch to reveal those things which have wrongly passed from his life into oblivion, with Caslant, the persons he invited aimed rather at contacts with the world beyond the reach of the ordinary senses; almost without exception they began to tell of unfamiliar regions which they had never seen, and of adventures with persons with whom to their knowledge they had never had any relationship. There was no question of laborious explorations of their personal past (to which the couch of the psychiatrist so inevitably tempts us), but of short and not infrequently charming novelettes. This difference in itself already throws an unexpected light on the analytical method of "free association"; we must ask ourselves to what extent the intention of the psychiatrist determines the story of him who lies

<sup>1</sup>) I consider it important to distinguish here: the depthpsychological method as a form of psychotherapy and the depthpsychological theory as a form of psychological anthropology and theory of neuroses. Although the theory is subjected to stringent criticism nowadays, the method is criticized much more mildly, and for the latter only a few non-essential changes appear to be deemed advisable. Experience taught me that psychotherapeutic practice is more harmed than advanced by the theory. I could not possibly do without the method, however.



## THE GUIDED DAYDREAM IN PSYCHOTHERAPY

down on his couch. For the person who enters into a training-analysis meets his past on this couch, whereas the two or three neurotics who visited Caslant spoke only of their adventurous travels, though we may suspect that the adventurousness of these trips did not leave a specially favorable impression.

In order to favor the ethereal inhabitants, if any, with a visit, Caslant also requested his subjects to move upwards in their imagination. He placed them before a ladder or some other equally provocative summoner of the ethereal, and thus facilitated the ascent into that realm. Naturally the higher spheres did not prove to be uninhabited. What was not so self-evident was that those who went up had worlds revealed to them which were different and new in a very original way, though a way that remained more or less the same for all of them; a complete change in the nature of the visions showed itself (1927), and at the same time there was just as complete a change in the mood of the bold ascenders.

Both these phenomena struck Desoille, who considered that here was a psychological method of investigation of some importance, with in addition, psychotherapeutic effects unquestionably involved. He got in touch personally with Caslant and was present for some of the latter's sittings, which did not fail to convince him all the more of the psychological value of these imaginary trips into verticality.

Shortly afterwards he himself began to use this method. At first it was friends and acquaintances whom he invited to launch out into the realms of creative imagination. In the course of time, when the effect of liberation or release resulting from these sittings became known, more and more strangers, who were not averse to improving their everyday frame of mind, presented themselves, and thus what had been started as a psychological and more or less entertaining study, grew into a not inconsiderable psychotherapeutic practice.

Proceeding in this order Desoille first got to know the psychically sound human beings with the neurotic ones coming afterwards. The depthpsychologists set to work in the opposite direction; they started from the investigation of the neurotics — Freud, the prime mover of modern psychotherapy, even started from very serious neurotic patients — and only afterwards arrived at the examination of the mentally sound. Meanwhile a theory of neurosis had already begun to take shape; is it to be wondered at, therefore, that the depthpsychologist always discovers the neurotic in a sound human being? He cannot fail to look at the non-sick through the glasses ground during his psychotherapeutic sittings. The final result is familiar to all: when the psychoanalytical school reached out for a general conception of humanity, its anthropology consisted in a theory of neurosis in disguise.

I believe that thanks to his starting-point Desoille saved himself

from this grave danger. That his starting-point could not safeguard him, however, from a too "healthy" sounding doctrine of neurotic disturbances is to be expected, and it is apparent from his publications that such was the case. It strikes the psychiatrist that Desoille, because of this, occasionally forgets that neurotics are vulnerable persons and handles them in a way we would never dare to attempt. Now and then one catches one's breath as it is revealed how the first principles of psychotherapeutic contact are ignored, for instance where Desoille permits his wife to be present at some of the sittings and invites the patient "to come and spend the evening" in the bosom of his family. "We talked simply", it says, and the psychiatrist wonders whether it is possible for a conversation to be more complicated. In another place we read that Desoille admits some friends, the patient's wife, and his family doctor to the treatment and sees nothing objectionable in starting a fairly polemic discussion with the family doctor about the patient, who is sitting by and must have his own thoughts about it all. What is not lost on us — though it is on Desoille — is that after such episodes the treatment flags for a moment, but what strikes us on the other hand is that this is all. Don't we expect something worse? To our astonishment the treatment quickly appears to get into its stride again.

We might say that it is the special French mentality which renders such things possible. As a matter of fact I was present once or twice in Paris at a psychiatric consulting hour that left a highly confusing impression. What can one think of psychotherapy where the patient enters the psychiatrist's room with a number of relatives, where the physician's associates settle down comfortably in easy-chairs, and the consultation quickly turns into a scientific discussion among the physicians, enlivened by excited exclamations from the patient's relatives? But the effect of such psychotherapy entirely lived up to one's expectations when the patient was finally thrown into a "nervous crisis." I hasten to add that in France, also, such gatherings are rare and meet with fierce criticism from French colleagues. I could, without any trouble, mention instances of French psychotherapy commanding our whole-hearted admiration. I believe that I am entitled to say, however, that even these disclose a peculiarity which is closely connected with Desoille's surprising liberality. The French psychiatrist does not, as a rule, maintain that great distance between himself and his patient that is met with in the German orientated psychotherapy. If the typical feature of all psychotherapy, in accordance with Professor Rümke's formulation is "a maximal approach with distance retained" (1948), then in my opinion special stress should be laid on approach when characterizing French psychotherapy. It seems to me that this is as it should be; what should strike the patient when he ventures into the presence of the psychotherapist is that he is first treated as a

person and then as a patient. Treating him as a person, the psychotherapist can permit himself liberties which would lead to the most disastrous consequences if extended to him as patient. I well understand that retaining a great distance more readily lends itself as a model in so far as it leads less to danger when dealing with patients than the policy of liberality. Whoever surrounds himself by the armour of strict regulations typical of orthodox analysis does not leave much room for alarming behavior on the part of the patient. It may be questioned whether he offers him maximum scope for new development. Psychotherapy always remains a risky undertaking; it is doubtful, however, whether this undertaking is most efficient and least time consuming when the dangers are in effect eased out of the way by a too great and artificial space between doctor and patient. Following in the footsteps of Desoille, I allowed myself to depart, if necessary, from any regulations that had been impressed upon me during my psychotherapeutic training; also when the treatment took a course which despite all, I would continue to call the psychoanalytical one. I cannot say that I have ever experienced any harm in this connection; on the contrary.

Desoille recorded the results of the psychological investigation and of the psychotherapeutical activities made possible by the method of the *rêve éveillé* in two rather unwieldy volumes. The first appeared in 1938 and was entitled *Exploration of the sub-conscious affectivity by means of the method of the rêve éveillé*; the second appeared in 1945 and was called *The rêve éveillé in psychotherapy*.

There was very little response to these two publications. Gaston Bachelard, professor at the Sorbonne for "history and philosophy of the sciences", founder of the psychology of the elements and of the so-called inanimate objects built up from these elements, was the only one to enter at length into the *rêve éveillé*. In his *The air and the dreams* (1943), he discusses Desoille's first book in a general, very appreciative way, while in one of his latest works, *The earth and the reveries of the will* (1948), the great importance of Desoille's discovery is set forth extensively in connection with general psychology as well as with psychotherapy. It would certainly be carrying things too far here to discuss at some length Bachelard's psychology, the importance of which can scarcely be stressed too highly. I have gone into it more fully, although not at great length, in another place (van den Berg, 1950), and should be glad to shed more light upon the importance of this psychology in a separate publication. It is sufficient here to mention that Bachelard breaks with the psychological method of introspection, by calling to our attention with a wealth of evidence that the *world of things* is our home, and thus contains the images of human intimacy as its original and inalienable property. What Bachelard wished to give was "psychoanalysis" of things, first

and foremost of the elements fire, water, light and earth. Here is a psychology of the crackling fire in the grate, of the quiet lake and the restless breakers, of the flight of the jubilant lark, of the earth, calling men to labor, of tempting caves leading to adventure, and of the black damp tomb. Whoever seeks such a living, abundantly human psychology, must be aware of the tremendous psychological significance of the *journey* and of the *journey in verticality* in particular.

It is noteworthy that neither Bachelard nor Desoille mentions L. Binswanger's study *Dream and existence* (1930), in which we hear for the first time from the side of psychology that "an essential feature of our existence is its preordination to be rising and falling", so that psychology as well as psychopathology risk a mistake when insufficient attention or none at all is given to the dreaming or imagining movement in verticality.

Whereas Desoille in his first two works derives much from the psychology of Jung and Freud, in his latest work, *Psychoanalysis and rêve éveillé* (1950), he retreats from it almost altogether. This appears most strongly in his rejection of the psychoanalytical hypothesis of the unconscious. We must not be too shocked at this. On the whole there is a good deal of sense in renewing our doubts even about the most universally accepted suppositions. In fact we can no longer say that the well-known triplicity, Ego-Id-Super Ego, is universally accepted. It is the present day phenomenological psychology in particular that adopts an ever increasing sceptical attitude towards this triplicity, and is strongly inclined to reject the "unconscious" as it was introduced into psychology by the school of Freud. On the other hand it may rightly be doubted whether the criticism leveled at the analytical doctrine must result in an equally onesided, radical rejection of the unconscious. It is important that Desoille legitimates his rejection by pointing to the facts in his experience. These are the very facts, however, that lead the depthpsychologist to cling to the analytical hypothesis. Does this not make it obvious that there is now some sense in subjecting the whole theory of neurosis, the general theory of psychotherapy, and finally even psychological anthropology to a thorough revision?

It would serve no purpose to expound the extensive controversy Desoille carries on in his writings with Janet, Freud and Jung. Neither does it seem to me of any great interest to point to his latest, rather disappointing approach to Pavlov's doctrine of the conditioned reflexes. I am afraid that I have dwelt too long as it is on these introductory observations and will now concern myself with a discussion of the method. While doing so I shall adhere principally to my personal experience.

## The Method

The psychotherapist who wishes to apply the *rêve éveillé* invites the patient to lie down on a couch and to make himself as comfortable as possible. Then he says that it is advisable to relax completely, that the patient should make himself receptive towards everything that he sees taking place in his imagination and to report faithfully what he discerns in this way. He intentionally refrains from saying, "Now tell me what is passing through your mind"; instead of requesting the patient to look introspectively at the solitary and worldless inwardness of the "free association", he directs the interest of the patient from the beginning to a world of living adventures and new encounters. He asks him to *look*, if necessary to *listen* and to *smell*; he does not ask him to "let thoughts arise in his mind." An inevitable result of this essential difference is that the analytical treatment is principally concerned with the past, whereas the *rêve éveillé* is enacted in the present. The psychotherapist is on his guard to keep the report of the *rêve éveillé* in the present. When the patient says "I was", he corrects "I am"; if the patient — as occurs more often — wants to go on with "I should do", he asks him to change this expression to "I do". By so doing he links the patient to an actual and responsible world and preserves him to the best of his ability as a human being; as an "embodied consciousness" (Merleau-Ponty) or as "being in situation" (Marcel), and does not permit him to escape from his world to a monadically, in particular genetically, therefore libidinally determined existence. Instead of inducing him to revise his deadlocked life-history, the psychotherapist invites him to return in a new way into his world, where so much has gone awry and to resume, also in a new way, the tasks which this world requires of him.

In order to connect the patient at once with a world, the psychotherapist at the beginning of the sitting frequently gives him some imaginary object to "see" or to "hold in his hands". The psychotherapist may say, for instance: "Here, I'm giving you a key. Just tell me what it looks like!" And after the patient has given a sufficiently clear description of the key — e.g.: a big key, made of iron, the bit is delicately cut out, I see some rust stains here and there — the psychotherapist may call forth another actuality by asking: "What are you going to do with it?", or "What is going to happen now?" It is by no means necessary to give the patient a key. As circumstances may require, the patient gets a tool, a vase, a cup or a flower. Since nearly all these objects are either round and hollow, or oblong, there is nothing to prevent the orthodox analyst from regarding the above mentioned things as so many symbols of female or male sexuality. "You quite forget", an analytically minded colleague told me reproachfully, "that every time you give a patient a key, you put a penis in his hand." I don't believe I have forgotten this, nor

that I shall ever be able to forget either it or similar lines of thought which were impressed on me like a catechism. However, I shall also gladly remember that it would occur to no one to see a key as a penis were it not for the fact that both are examples of the human ability to open what is closed, hidden, and to penetrate into it. "It is therefore surely not correct to say of certain symbols that they symbolize the phallus. It is the phallus rather, that can be the symbol"; these words by Professor Rümke shed light on the essence of a connection which, indeed, was first observed by depthpsychology, but was interpreted by this psychology in a not very acceptable manner (1943).

For reasons to be enlarged upon below, the psychotherapist asks the patient to move preferably in a vertical direction. This suggestion is often superfluous. It is worthy of note how frequently the patients — just as the non-neurotics — spontaneously move towards a flight of stairs. But it may be desirable to bring the patient face to face with stairs imaginatively summoned and freely determined, leaving entirely to him the extremely important decision of whether these stairs lead up or down. Or he is placed in front of a balloon about to start for an unknown destination; the doors of a lift are opened for him and he is given the choice of either allowing himself to be let down, with or without a diver's costume to the bottom of the deep sea, or entering a boat situated in a landscape indicating that the river is on the verge of flowing through a cavern and disappearing into the bowels of the earth.

As a result of keeping the starting points emphatically in the present and no less emphatically in the actually summoned situation, there are a series of imaginative happenings, as a rule characterized by unexpected adventure. The patient is constantly surprised by what he witnesses; he enjoys the pleasantly surprising views, wonders at meetings never foreseen, is annoyed at sudden obstacles, and is confused by unpredictable changes of mood and feeling. His narrative is often punctuated by exclamations or by moments of tense silence. Sometimes the account hardly keeps pace with the rapid occurrences; once or twice a regular account is rendered impossible by laughing or crying. The course of a *rêve éveillé* is, however, not always so full of emotion. Slow journeys occur, dull flights and fatiguing, dreary earth drillings. The element of the unexpected, which is never entirely absent, remains the typical feature, however.

During all this the psychotherapist does not persist in the role of the amused or indolent spectator. He guards the narrative and intervenes as soon as this appears desirable or necessary. He asks the patient to go into detail when it seems to him that the latter is not paying sufficient attention to a certain stage of his journey, or if he is not making quite clear what the landscape looks like. As a rule the patient forgets what is happening to himself during these wonderful adventures; the psychotherapist can ask him

then, if he deems it necessary, what his feelings are, and how he is dressed, for the manner of dress is a reliable indication of the traveller's feelings, and it therefore changes — to the patient's astonishment — with every change of the landscape entered or flown over. By these and similar interruptions the psychotherapist proves that he accompanies the patient, does not leave him, and is in a certain sense his travelling companion. For this reason he addresses him in words which suit as closely as possible the situation in which the patient finds himself, but his remarks must never turn into *interruptions*.

He does not always stop at mere accompanying. Sometimes, when the adventure is in imminent danger of taking an unfavourable turn, he intervenes; he sees to it, however, that this intervention is acceptable to the patient, for it behooves him to take care above all else that the patient remains in his situation. All this requires experience. We shall return to this again later.

Restricting ourselves to the most important journeys, those in a vertical direction, we note the following striking points.

1. *Everyone has a very definite, personal affinity to rising and descending. Or rather: the inhabitability of the levels to be vertically ordered, the way in which "high" and "low" are at one's disposal vary for every person.* Or better still: *the size of the subject — for the subject is in the very first place "inhabited world" — is not identical for any two examined persons.* One ascends at the first suggestion like a wing-flapping pigeon and rapidly loses himself in unknown heights or unlimited distances; another surpasses this height nostalgia by refusing wings and, despite all gravity, shooting like a meteor through the air; a third can only detach himself from the solid earth when in addition to strong wings, rope ladders, compact, firm clouds, reliable balloons and inviting planets are also at his service. One sinks easily down into the deep sea and lightly finds his way down through the mud that he meets at the bottom; another on the other hand floats hopelessly about on the surface, despite leaden shoes, until finally a hundredweight tied to his feet makes a slow drop possible for him.

It must be evident at once that an affinity to high and low is characteristic of the nature of the personality. Or to put it in better words: the nature of the personality is the way in which a person has at his disposal high and low, right and left, within and without. He who readily flies away is per se already essentially different from one who cannot do without ladder or climbing rope. Thus the way a man meets his fellow man, the way he lives his married life, lies already entirely embodied in the way in which he is seen in the *rêve éveillé* to cross the threshold from the outside to within.

There is the same relationship for the most minute details of the *rêve éveillé*. "The drink that is taken in a dream is a never

failing indication with regard to the dreamer," says Bachelard (1942); one only has to consider for a moment with whom one would prefer to share a room, with a person who in his dream regularly drinks wine, milk, beer or nectar, to know how true this observation is.

2. *Psychically sound persons are somehow always easily persuaded to descend to the deepest depths and to ascend to the greatest heights. They do not fall. Neurotics nearly always encounter barriers, ascending as well as descending. They are apt to fall.*

One of my patients could by no manner of means be persuaded to ascend higher than the "highest leaves on the trees." Another dug himself a tiny room in the deep sea mud and flatly refused to go down any farther.

3. Desoille describes that the barrier the neurotic meets on his way is regularly embodied in a person, an animal, a figure, or in any case a living being that expressly forbids any advance — *the keeper of the threshold*. It is my experience that this keeper of the threshold by no means always appears, though I did find that he (or she) frequently appears as a so-to-speak familiar character in the drama. Quite in accordance with what Desoille found, the nature, the form of the *keeper of the threshold* was dependent on the level on which he appeared. From the bottom to the top these forms were, roughly speaking the following: goblins, dwarfs, dragons; giants and strong male figures; female figures, angels and spirits, and in the very highest region, God. In cases where a figure appeared at what might be termed a non-autochthonous level, which was no exception, still its form and substantiality nearly always agreed with the colouration and the materiality of the level on which it appeared. A dragon in the clouds is more volatile and transparent than a dragon guarding a cavern; the latter makes a heavier, more carnal and more sanguinary impression. The angel who appears to be waiting for the patient, sword in hand, in the vault of a castle, is "more human" than when he is encountered in the dazzling light of the higher regions; it is simpler to talk with him and the steel of his sword is less magically incalculable. There are figures that cannot detach themselves from their original level. Dwarfs and goblins are not encountered in the clouds.

There is a "style des images": going upwards the image grows lighter, more transparent, more volatile, more euphorious, milder, more all-embracing. In harmony with this the feelings of the ascender become better, more sublime. On the highest level the light becomes inexpressibly white, colourless; all images lose their outline as they dissolve into an all-conquering light. In very rare cases the journey goes on to even greater heights. The traveller is then, just like God in Rilke's fairy-tale, "surprised to find beyond his radiant dwelling an incipient darkness, which receives him silently" (1900).



## THE GUIDED DAYDREAM IN PSYCHOTHERAPY

The unbelieving patient is somewhat painfully surprised to find himself so immediately confronted with heaven and hell, God and the angels. One of my patients could not refrain from uttering again and again the apologetical correction, "but I don't believe in any heaven", and "I don't believe in angels". Though I do not consider it justified to see in these experiences even the slightest indication in favour of a natural theology, I do think that it throws a striking light on the pre-reflexive structure of the "Inhabited" human world, which in spite of Pythagoreans and Copernicus, rests on hell and has heaven for a roof.

We observed before that the psychotherapist intervenes in case of a barrier. Should it appear that the patient cannot continue his upward flight, and that the highest regions have not yet been reached, then he offers him the means suitable to the situation and to the condition of his spirit, which, if necessary, he first makes him describe in detail. He points to a bundle of sunrays, tempting him on to climb further, as if on a paved road; he induces him to hear a voice calling him from above. Or he shows him even more pressingly that the higher space is far from uninhabitable by bringing a benevolent figure down to him; this figure takes him gently by the hand and leads him upwards, free from fears. Occasionally — every form of help is carefully weighed and sharply indicated! — it is the psychotherapist himself who calls or comes to meet him. Should the patient be in imminent danger of falling, then there are always means of checking this fall, preventing accidents; if necessary, the psychotherapist catches the patient in his arms. If the patient should be in a mountainous landscape with a terrifying deep chasm stopping all progress, then the psychotherapist points to a suspension bridge, and if necessary helps with ropes and poles so that after a few moments of shared labours the journey can be continued. If a descent cannot be accomplished, there always appear to be pick axes, spades, or dynamite at hand. Also in such a case the psychotherapist can prove that the depths are indeed inhabited by causing a benevolent figure, or himself, to rise up from them.

In all these cases it is necessary for the psychotherapist not to waver, but to choose the means quickly, adequately, *ad rem*. It becomes harder to assist when a *keeper of the threshold* has taken up this station. A choice has to be made then between entering into a contract, the clever mollifying of the dangerous guard, or a life-and-death struggle. The psychotherapist gives the patient the necessary weapons, magic weapons, such as an efficacious charm or an annihilating ray from a sparkling diamond, real arms, such as swords, lances, revolvers, rifles, atomic bombs also, if you will. Should the struggle appear to be taking an unfavourable turn, then the psychotherapist himself enters the fray; if necessary he rushes up armies of well-trained and well-equipped soldiers with tanks or planes. For the battle must be won.

Whoever does not realize that such a battle may be one of most deadly seriousness should never start to work with the *rêve éveillé*.

When the barrier, with or without a keeper of the threshold, has been overcome, then there is the ever surprising euphorious and energizing rest. A purification has taken place; the patient feels his body rejuvenated, his spirits improved, and observes that he is wearing better clothes.

Then the journey is resumed. The patient enters new territory, a forbidden or neglected region of his own existence is taken possession of and explored. Everything is new. This can be proved to the patient by requesting him, after he has covered a certain distance in the new territory, to remember the battle on the barricade. As a rule it turns out that the struggle has been robbed of some of its terror. Sometimes he wonders what he was so concerned about and why he wanted so much help. If the struggle took place on a barricade separating high from low, then it may very often be a good thing to get the patient to look back upon the panorama below the level of the battle. He looks at the earth, for instance, where all is heavy, dim and dreary, and notes that now it is a mystery to him how his life there was such a burden. With the conquering or recollecting of a stretch of ground, apparently very well habitable, his entire world has undergone a change for the better.

Here we come upon a chapter of the important *psychology of the journey*. One of the significations of the journey to foreign parts consists in a purification and rejuvenation of daily life. A new horizon purifies the familiar landscape. A foreign language makes us familiar with our mother tongue in a new way. An important part of the significance of the traditional pilgrimages to Italy lies in the fact that a transformation of the original "landscape" became necessary — or which amounts to the same thing — in a refreshing of one's inner nature (Gusdorf, 1948).

When the patient has reached a satisfactory height, or one which it is neither possible nor desirable to pass in a *rêve éveillé*, there is then a need to take him safely back to solid earth. He must not fall. As a rule the return is a much more rapid business than the ascent. The patient often performs a whirling glide which is checked only when the earth is near so that a landing can be effected without any bumping. Returned to a new earth he then often tries to find a place where it is sweet to repose. One of my patients landed at the shore of an exotic bay and lay back in the warm sand, with the breakers murmuring at his feet. The psychotherapist can help a patient to find such a pleasant final destination.

Then the *rêve éveillé* is discussed no more. The patient goes home after he has been requested to write down a description of his journey, in detail if possible. I usually told the patient that it might be important to illustrate the description of his journey with notes taken from the experiences of his daily life, and that

he would do well to ask himself occasionally whether the *rêve éveillé* might have proceeded differently or, more especially, better. "What would you like to change in it?" was my question.

Usually I did not require the patient to return before a week had passed. Frequently I made no arrangement with him at all and waited until the patient saw fit to come and see me again. If, as usually happened, he brought his worked out *rêve éveillé*, then the consultation consisted in a discussion of his notes, during which not I, but he, did most of the talking.

### The Anonymity of the Symbols

The symbols occurring in the *rêve éveillé* are not "interpreted", but rather illustrated. The psychotherapist who thinks he can recognize one of the patient's educators in the keeper of the threshold makes a grave mistake when he tells the patient that the keeper of the threshold actually is his father, for instance. Even though it became clear during the going into the life history — which should always precede the treatment in Desoille's method — that the father is the guardian of a part of the past or (and) a jailer of a region of sexuality "taken out of circulation"; even though it should be made clear in the *rêve éveillé* that the keeper of the threshold has the features of the father and symbolically plays a part which agrees with the role which the patient awarded to his father while telling his life history, even then it is undesirable to inform the patient that the keeper of the threshold merely stands for a symbol and that his father is the real and actual obstacle in his life. Another example: should it occasionally become clear that a woman patient handles the key given to her in a way that brings out clearly her ambivalent attitude with regard to the penis, it is erroneous to explain this connection in such a way that the penis acquires a primary meaning and the key becomes a camouflaged representative of this organ, which means uncertainty for the patient. "The *rêve éveillé* remains in a symbolic milieu; it respects the anonymity of the symbols" (Bachelard, 1948). The *rêve éveillé* implies serious objections against the psychoanalytical "interpretation" method, with its triumphs in the index system, still applied, in which all human things and happenings find their immediate translation in the language, supposedly the one and only true one of human existence, that of undiluted sexuality.

The serious objection against the "interpretation" method of psychoanalysis shared by Desoille and his followers with the phenomenological school is not unfounded.

When it appears during the taking down of the patient's life history in the *rêve éveillé* treatment or during a psychoanalytical treatment that the father plays a highly important and unfavourable part in the life of the neurotic, this means indeed that there was a serious disturbance in the contact the patient had

with his father during his life, but there is nothing that gives us the right to assume that it was only the father, the father with "such and such a character" who, because of his personal behavior, stood and still stands in the way of the favourable development of his child. This observation is not an attempt to exculpate the father at all times and in all cases. In most cases the father of the child who becomes neurotic is not to be exculpated, but that this is so is to a large degree to be ascribed to his child who has grown up and become a neurotic. The supposition must always be maintained that it may be of great importance for the neurotic to see his father as the guilty party in order to be able in this way to formulate an excuse — never complete, it is true, and always disturbed — for his own life. It may be highly convenient for him to *consider* his father guilty, to *preserve* him as the guilty one.

Let us suppose that during the time he was one of the chief educators the father, because of injudicious behavior, rendered himself the really guilty one (and in a certain sense this is *always* the case); afterwards, i.e., at the time when the growing up of the child takes the educator's task out of his hands for the greater part, it always remains possible for the child to move out of the father's sphere of influence and eventually even to bestow a fiat on a youth so adversely influenced by the father. It seems to me that one or the other happens during adolescence; the *adolescent* tears himself away from the old structures and makes possible a new and free return to the parental home by expelling his resentments, if any, with a loving "be it so." The neurotic, however, fails in both directions. The contact with the father, disturbed during youth, makes it possible for him to maintain this contact as a wrong or negative relationship — it is very well possible that *here* the *father* is the chiefly guilty one — but that he maintains this disturbed contact, that he does not extricate himself from his fetters, without which act a fiat with regard to his father's guilt is not possible, is *never necessary*; in this case the accent must fall on the guilt of the neurotic. It is possible for him to act "differently", for if it were not, where would we find the courage to treat him? He justifies his not acting "differently" by shifting the blame to his father. Such a justification must perforce be accompanied by an alarming quantity of bad faith. It is also because of this bad faith that the neurotic is a neurotic.

One of the ways in which to "cure" the patient is to support him in his postulate of the guilty father. By means of an accurate exploration of the past — where, if anywhere, the guilt of the father is to be found — it is made clear to him that his presumption, not free from good or bad faith, was correct: the father is guilty. The patient then leaves after treatment with a genetic theory of his life; the absolutely genetic determination of his existence affords him relative freedom. I have no doubt that the

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psychoanalytical treatment frequently brought *this* "cure". Is not psychoanalysis — according to Freud's dictum — characterized by the fact that it "consists in a bringing back of a psychical structure to others preceding it in time"? (Freud, 1913).

Where the psychotherapist feels justified in teaching the patient that his neurosis is the evil fruit of the psychotraumata of his youth, consequently of all those occurrences that by psychoanalytical psychology were defined as objectively registrable occurrences, to whose mercy the patient is left helplessly, it must remain inexplicable to him that these occurrences, when objective control is possible, often prove to belong to the absolutely everyday, inconspicuous happenings (Straus, 1930). It must remain a mystery to him that in cases where the patient assigns the chief fault for his neurosis, for example, to his father, this father on closer acquaintance may prove to be a man who made no more blunders during the education than is usually the case. Just as it must seem mysterious to him that there are children in the same family who grow up and do not become neurotics, although a father was "objectively controllably" a manifestly bad educator, it is not exceptional that none of his children became neurotics.

Not infrequently has there been an attempt to save the theory of the exclusively-genetical determination by pointing to the *constitution* of the patient, sometimes in the form of an individual deposit of the experiences that were supposed to have happened during the phylogenesis<sup>2</sup> (Freud, 1913; Brun, 1946). Apart from the fact that such a conception is pragmatically paralysing, it must from a theoretical point-of-view be called premature, hence incomplete, because it can only be the fruit of a psychology which emphatically refuses to regard anything but the past. To be sure psychotherapy may suffer from boundless overrating of psychogenesis (Rümke, 1948), but it will succumb to underrating psychogenesis if the psychotherapist has no eye for the *actual* choice the neurotic makes when he accounts for his past in a neurotic way (Karen Horney, H.S. Sullivan).

In phenomenological psychopathology an attempt is made to cancel out the above-described contradictions by pointing to the fact that the psycho-"genesis", insofar as it is actually extant, should in the very first place be looked for in the actual choice of the patient; thus, in the genetical interpretation of his past, in the co-arcted acceptance of his present and in the depressing design of his future. Or better still, for past, present, and future cannot be separated so mathematically, in the reduction of his

<sup>2</sup>) It is of course not my intention to underrate the significance of what is called the constitution. On the other hand it does seem of great importance to emphasize that with "constitution" the last word has by no means been spoken. As of the body, we can also take the "management" of the "psychical disposition"; everyone has to answer in his own personal way the question of what he does with his constitution, how he "uses" it, what part he assigns to it in his contact with others.

historical world to an image, with which it is not apparently good to live.

The *rêve éveillé* interprets this conception by calling the symbol-primordial, not reality, in the relation symbol-reality.

If in a *rêve éveillé* a dragon appears as the keeper of the threshold and unmistakably acts a paternal role, the correct interpretation of this symbol is: that for the patient the paternal is identical with the dragon-like, so that it is impossible for him to see his father otherwise than as a dragon. If the keeper of the threshold corresponding to the father appears as an angel, it means that the patient puts the paternal on a par with the angelic, in consequence of which he is led imperatively to allot an angelic role to the father of his life-history.

No father has been such a good educator, that it is not always possible to sift the whole in such a way that the residue consists in the qualities "of a dragon". And it is only by the way of exception that the father has had such an unfavourable influence on the youth of his child that it should not become possible one day for the child to permit what was bad to disappear or to justify it, so that only the neutral or even the "angelic" remains behind. Without wishing to diminish the value of an injurious or of an excellent education, it seems a good thing to remember that of the very many badly educated children, only a very small percentage puts in an appearance afterwards at the psychotherapist's office, and that certainly not all of those who appear at this office have had a bad education.

With regard to the objective, registrable reality, the symbol is *primary*, it is a "figure..... giving expression to a relationship as yet unknown in the most adequate way" (Rümke, 1943a; van der Horst, 1946). Every time reality releases the symbol of which it is "naturally" pregnant, the symbol is made visible, explained, *illustrated*.<sup>3</sup> The reality in which we live, the world in which we daily reveal ourselves, turns into a personal illus-

<sup>3</sup>) I cannot refrain from pointing to two places where this relation is expressed. Professor Rümke in his *Notes on the symbol in the dream*, quoted above, says, when discussing a dream of which the dream element "nail" would tempt the psychoanalyst to the obvious "interpretation" of penis: "The figure of the nail gives a far better expression of the occurrence than the word phallus. Should the nail be a symbol in this case, it is not so because of its allusion to the phallus, but because of all the rest that is connected with the idea of a nail which it is scarcely possible to put into words" (p. 220). — The second quotation has been taken from G. Bachelard, who in *The earth and the reveries of the will* blames psychoanalysis for "making for the clear signification of the symbol" and hastening as well to unmask the symbolic forms" — "classical psychoanalysis runs from the symbols to a too quick design that shows as clearly as daylight the social origin of traumata. But classical psychoanalysis forgets that legendary impregnation that all human psychism brings with it, that innate sensitiveness to symbols. However powerful the symbols of maternity should be, that a young child receive a trauma from a hard look, an indifferent look, a negligent word!" (p. 393).

tration of the symbols expressing originally and paradigmatically the whole of man and world.

Since in dreams and reveries (day dreaming) the symbolic experience is in the foreground, the psychologist is allowed to recognize these two as a supreme interpretation of the nature of the personality, and it is not only a prerogative of the psychotherapist, but his duty as well, to try to find the cure for his patient within these two forms of human actuality. It must be clear to anyone that when of two people bending over the railing of a bridge and looking down at the water, one enjoys the play of the waves and delightfully follows the swift movement of the fish, whereas the other sees "nothing but water", the former will be the first to learn to swim. During his reverie (taking place "*in the water*") he has already made water his element; he has been swimming before his foot touches the water at all. His actual swimming is nothing but an illustration in recognition of what, dreaming, he was able and willing to do. As to the second, on the other hand, water remained a foreign element to him, and a "real" immersion, if it ever comes to this, will only prove to him what he always "knew" — that water is not his element and that swimming is a cold, wet, disagreeable, possibly even dangerous business. He is not very likely, even made envious by the exclamations of joy or the blissful smiles of the other swimmers, to go to a psychotherapist and ask for help. If he did, it would undoubtedly be important that an accurate exploration of the past bring to light the fact that his aunt watched him with suspicious looks in his bath when he was a baby, or that when he was born the amniotic fluid made him choke; yet it is not this knowledge alone that will be able to procure for him the desired freedom. This freedom comes only when water becomes an element in which he can lose himself, dreaming or imagining. That man builds boats, makes submarines and constructs airplanes results from the original inhabitability of water and of the air, as this is manifested by the state of dreaming absorption in the play of breakers, and by the imaginative flight of the lark vanishing exultant into the blue, or by the migratory birds, proving to us in their way that the atmosphere is their home. Flying, swimming, and diving are made possible for us by a longing, never to be appeased, for the high and deep territories of our own existence. Where these territories became lost, swimming and flying became impossible. The neurotic is he for whom so much got lost that daily life has become an impossibility for him. This life will only become accessible to him again, when dreaming or imagining, he has succeeded in finding a way again, to all those territories to which daily life never ceases to appeal.

The aim of the *rêve éveillé* consists in the curing of the patient, in making his actual world inhabitable for him; the means

it considers wholly adequate for the realization of this aim consists in the regaining of the lost territories, in the rendering inhabitable the world of the dream and the imagination.

The *rêve éveillé* stresses the regaining of the territories *high and low*, because no others are so loaded symbolically and consequently have such a directive meaning for real life as precisely these.

The *high* is the symbol of the unfettered realization; of the future, of what may be possible; of choice, the acceptance of what is new; of becoming more than all that was given before; the high is the symbol of dilation; the unfolding, the expanding, the conquering and taking possession. The *low* is the symbol of hampering restraint; of the past, the being confined; of the being retained and the preservation of property; the low is the symbol of contraction; the returning into oneself, the bending over oneself, the isolating of all contact, all longing, and the yielding to another longing; that of one's own heart.

He who in the *rêve éveillé* appears to be capable of reaching the highest heights and the deepest depths without barriers, proves himself capable of undertaking the tasks daily life imposes on him; he shows in the *rêve éveillé* his psychical health. The neurotic who in his *rêve éveillé* overcomes his barriers and learns to travel over and take possession of the territories beyond these barriers, so that to him all the regions of verticality are free and accessible again, will be able to move with equal freedom in his world of daily reality, i.e., he will be cured of his neurotic disturbances. He then experiences one of the fundamental laws of human existence: "that all that is genuine only thrives when a man is equally strong in these two ways: ready for the demands of the highest heaven and safe in the mire of the earth that carries him" (Heidegger, 1949).

For the world is the daily illustration of our subjectivity, which finds its purest expression in the images of dream and reverie. "The visible world has been made to illustrate the beauties of the dream" (Bachelard, 1943).

Only he who calls the world his dwelling place is happy; the whole world, the world from high to low and from left to right. Not only the sunny side of the world, but its shady side and its dark side; whoever is happy says *yes* to the world in its entirety. Nowhere is this *yes* so fruitful as in dreams and reverie. He who is happy can be released in dreams and claims the right to lose himself in the wondrous worlds of his creative imagination.

"The reverie, like a rain in the night, rejuvenates the thoughts, tired and pale from the heat of the day. Soft and nourishing it awakens a thousand sleeping germinations within us. It gathers material for the future and the images for talent. The reverie is the Sunday for the mind" (Amiel, 1852).



To be sure, there is also an imagination that seeks to fly from reality; there is a hurling of oneself into the realm of the unbounded, but absolutely sterile, possibilities. This is the way of the fantasy which is nothing but an ever-renewed, vain attempt to restore the interrupted contact with living reality. But it is a mistake to call these forms of imagining the only ones. An embarrassing oneness is revealed if one should venture to feel justified in declaring: "It may be said that a happy man never imagines, only the unhappy man" (Freud, 1908).

## Two Examples of Application

There is nothing more beautiful than a key provided one does not know to what it gives admission.

M. Maeterlinck

### 1. Diagnostic example

One day in 1958 a twenty-eight-year-old patient asked me to continue the psychiatric treatment which had been broken off a few months previously by her psychiatrist. It appeared that her difficulties had begun when she was eighteen years old and that three years afterwards she had had to be admitted to a psychiatric clinic with a puerilistic syndrome. After her stay in the clinic, which had lasted some months, she had been given psychoanalytical treatment. This was of an intensive nature (three quarters of an hour daily, Sundays excepted), and led to the result that she, considerably improved, could take on a small job at which she was fairly satisfactory. A few annoying peculiarities remained, it is true, the main of which was the strong wish to withdraw from any kind of company. She was, in addition, often vaguely frightened and knew bursts of aggressiveness, which, however, were seldom noticed by others. Since it was not possible for her to continue the psychoanalytical treatment, she applied to a second psychiatrist who treated her re-educatively for a period of three years. The effect did not live up to her expectations and for this reason she was not sorry to sever relations with this second psychiatrist. Anamnestically it can be stated further that she was the eldest in a family of five children, that between the ages of six and seven she suffered from tuberculosis of the lungs which made her live an isolated and artificial existence, that the father played a dominating part in her life, and that shortly after her dismissal from the clinic she cut off nearly all relations with her parental home.

At our first meeting she told me she was under a great strain and felt a vivid desire to smash everything in my room. It struck me as she deliberately and quietly, but with constraint, pro-

nounced these words, that they were said gravely enough to be taken seriously. She gave no impression of affectation.

It turned out that her apparently normal existence was in truth greatly disturbed. She never came in contact with contemporaries and could only get on well with older people, and even with them never longer than for a few years. She slept very badly and felt permanently strained with a feeling of anxious uneasiness.

The conversation, which flowed quite easily in a formal sense, was no success at all in reality. After several consultations it became evident that nothing could be achieved by means of ordinary conversation. As I could not see things clearly and had to remember that I must choose a method of treatment that would not upset her social adaptation, I proposed that she submit to a Rorschach test. She consented readily and told me that she was already familiar with it from clinical observation. With the first picture, however, she became pale, put the picture down and said, with a distinctly anxious and at the same time astonished expression, that she would never be able to do such a thing.

I then decided to treat her with the method of the *rêve éveillé*. At this moment (three years later) this treatment has not yet been terminated. During these years she has been coming to me about once a week. Her general condition has distinctly improved over this period.

The first *rêve éveillé* provided me with practically everything I had to know in order to go about her treatment systematically. I give below an unabridged description. The remarks not printed in italics are mine; they were written down shortly after the consultation.

— I am giving you a key. Can you describe this key to me and tell me what you are going to do with the key I am giving you? (I purposely told the patient twice that it was I who gave her the key. For it was for a "key" that she came to me, although her coming proved equally well that she would rather have stayed away). The ambivalent disposition with regard to the key which I gave her so emphatically appears clearly in the *rêve éveillé*.

— *I see a skeleton-key, fitting all doors. The patient chooses an anonymous key; does she indicate by doing so that she fears personal contact, that she wants an "anonymous" treatment? A door is opened, I open a door. Is opened — I open, does the patient prefer the impersonal happening to the personal action? I am making an inspection. I am nosing around everywhere, I try to imagine what the people who live in that house are like. I enter one room after another, with my key I can unlock them all. No encounter, but "imagining what the people are like." All the rooms appear to be locked. The patient cannot enter freely*

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anywhere. *Here I come to a nursery, with small beds. Plural!* A moment later it becomes clear that the nursery is on the second floor. No mention is made, however, of any stairs. Does this already point to an existence lacking all verticality? *A fairly large room, with pictures on the walls, and toys. The room of the parents is next door, with a door in between, it must be safe for that child — singular! — very safe indeed — safe! — with the parents next door.* The fact that the patient arrives so quickly at the relation child-parents makes it plausible that the past is a non-liquidated bill to her. *It is dark in that room, the awnings are down.* How little she can see or wishes to see. *The stairs in the house are high, the parents had better put up a low gate, otherwise the child will tumble down the stairs.* Singular! Things are not so safe for the child after all. The stairs, not mentioned while being climbed, appear, steep stairs, too, when falling down is proposed as a possibility. A flight of stairs is primarily a thing to fall down. An important indication for the structure of the patient's space. *I think the girl — girl! but this was to be expected — is the only child, for I don't see any others.* An only child — yet it didn't seem true. *I go to the attic, but quickly leave it.* The preceding could not point to anything else; the barrier appears with the first real ascending. *Still I open that chest first, it is a cabin trunk, I close it again quickly, and quickly go down.* Twice quickly. Here the therapist should intervene. For the sake of diagnostics this was purposely left undone, permissible because the contact with the barrier is abandoned already at the periphery. *I don't feel like staying any longer in this house, I dislike the house and I go out into the street.* The failure at the barrier, however slight, colors the whole world. All that happens further must be irreparably disappointing and depressing. *I don't like to have the key in my possession, it is so impertinent..... Here comes a policeman, I shall just give the key to him.* Policeman: guard, especially in the eyes of a child: he who punishes the transgression. Herewith, light is probably shed on the patient's interpretation of the father. *He asks: Where did you get this? I feel like a young child(!) and say: Somebody gave it to me. He asks rather gruffly: What did you do with it? I tell him everything, but I want to give up the key to him.* This "but" does not follow naturally. The policeman is a reasonable man, in any case you can tell him everything, still he has to remain the guard. The patient uses the words "give up", so the key is properly speaking the property of the policeman. Her exploring trip was a transgression from the first. In her daily existence she must be living with a permanent feeling of transgression. Is this an explanation of her constant uneasiness and anxiety? *He says: You must be able to have the key in your possession without using it.* How wise, but at the same time, how amphibious. *I tell him there is a lot in what he says,*

but ask him if he will not accept the key and throw it into the water. The wish of every neurotic: Let me live in my co-arcted world! The neurotic is ill because of the fact that his being a human being forbids precisely that. This takes place: *But he jumps on his bicycle and rides away. I want to throw it away myself, but I cannot make the decision. I want to return the key, but I don't remember who gave it to me.* In a certain sense the patient is right; the key is her own and after all it is she and nobody else who has to decide on the size of her sphere of existence. Yet these pronouncements must also reveal the contact she has with me. In regard to that, I could not expect too much of the contact, being her third psychiatrist. It would seem premature to speak of a "negative transference"; the essence of every contact is primarily a personal choice with the past appearing in it only secondarily. It is not within the reach of men to achieve perfect repetition. *I am walking along a canal, with trees along the water's edge. I am growing rebellious, fling the key on the ground, kick it, it nearly lands in the water.* Here we see some manifestation of her aggressive disposition. Every call from the forbidden regions will be answered by aggression on her part. Hence the desire to smash up everything in my room, and her sudden impulse to become aggressive when in contact with others. Men and women of her own age will appeal strongest in this respect. Consequently she has no contact with them. *I try to account to myself.* How well she has herself in hand! *I take the key back again with me, trudge through the puddles and enjoy it. Mud is getting on my legs.* Can it be that "the low" manifests itself in the first place as mud? Generally it has been shown that where "the high" quickly becomes forbidden, the low is equally inaccessible and gives an impression of being the bad, the "muddy". Whoever banishes the spiritual, the elevating from his life, turns his physical determination into "low" impulses. *I want to go and tell my old friend, he can advise.* Afterwards it turned out that the tie with this much older man was strongly ambivalent. The erotic between him and her was freed from all sexuality. On the whole the patient lived in an asexual world. It goes without saying that this pronounced absence of sexuality not infrequently brought sexuality into the foreground. *I feel very carefully whether or not there is a hole in my coat-pocket, the pocket is whole, I slip the key into the pocket of my coat as something very special.* Her desire for completeness must be very strong. Therapy may have better chances than might have been concluded from the foregoing. *All the time I am looking for water to throw the key in. If there were trash containers in the street, I might throw it into one of them. I wish decidedly to take the key to my old friend, he is the only one who will not put it to wrong use.* To be sure! Nowhere is the appeal so slight as with the old friend; nowhere does she conserve herself

so much as a non-grown-up and as a not-responsible person. *I am terribly angry with the one who gave me the key. What's the use of it to me? He ought not to have done it. Blissful ignorance is better than half-knowledge.* Here the patient leaves the *rêve éveillé*, uttering a sentence which is the true essence of her entire wandering. How well she really understands the nature of her difficulties; she desires "blissful ignorance", but lives in a constant disquiet: in "half-knowledge". Yet she does not want to come to this ignorance again; in the *rêve éveillé* she does not go to her old friend, but remains the possessor of the key, which is simultaneously the best expectation and the greatest disaster of her life. — After this last surprisingly wise sentence (the neurotic always proves again and again to "know" where the shoe pinches!) the patient got up, frigidly quiet, and said that her story was finished. She felt a strain, but scarcely more than usual.

## 2. Therapeutical example

About two-and-a-half years ago an English woman, a little over thirty years old, came to me asking me to advise her of some way to solve her irresoluteness regarding her approaching marriage; the solemnization of it had, at her request, already been postponed a few times. She had known her fiance for about three years and was on excellent terms with him as long as the question of marriage was not touched upon.

From the amnesis it appeared that she was the youngest child in a large family. She had been a late arrival, had not had much opportunity as a child to play with her brothers and sisters, who were a good many years older than herself, and had only known her parents as elderly people whom she had to meet with a certain deference. In consequence of this her youth had been lonelier and more serious than is usually the case; yet her recollection of that time was very good, though perhaps slightly "sacral". She grew up and thrived, knew little of illness. The picture she drew of her mother showed a very strongwilled woman who brought her up strictly, somewhat at a distance, but certainly not without love. Her father was a quiet man, leading a fairly solitary life and making a far less strong impression on her youth. During her adolescent years she left home, at the advice of her mother, and took up social work which in due time made her entirely independent. However, she continued to regard her mother, for whom she felt a strong veneration, as the true model for her own life. When she was twenty-one years old she made the acquaintance of an R.A.F. officer with whom she fell in love. An erotic tie of an idyllic nature was formed between them which was about to result in an engagement when he was killed in 1940. For a time she was inconsolable;

however, she conquered her difficulties by applying herself with redoubled energy to her social work. In 1945 she met her fiance, who as an officer in the Dutch army was being trained in England. When it became clear that this acquaintanceship was going to result in an engagement, her family objected, regarding it as a misalliance. He was of relatively humble birth, whereas she belonged to the nobility. Especially her mother, who had been presented at court when she was young, did everything in her power to attempt to induce her to give up the idea of an engagement. For the first time in her life she did not adopt the mother's advice and, tacitly supported by her father, carried out the engagement in spite of the protesting family. It was then that she began to waver. While the family, even her mother, resigned themselves more and more to the accomplished fact, the objections she had had to listen to so often before the engagement began to take a hold on her. When she was with him she was certain she had chosen properly, but no sooner was she back at home again than her certainty began to give way to doubts and criticisms. She postponed the marriage a few times, but when she realized that this only led to an increase of her difficulties, she resolved to go for a long visit in Holland in order to become better acquainted with her fiance and his milieu, away from the influence of the parental atmosphere. Because her fiance was not sure that this stay, which was to last three months, would ensure success, he advised her to consult a psychiatrist.

During the first six consultations when the life history was extensively explored, there was ample proof of a pronounced psychological instability. She was tired of doubting, said she was sleeping badly and that she was giving way to fits of crying occasionally, a thing she never did before. In spite of all she gave the impression of being well integrated and not really neurotic. As I was inclined to think that a catharsis was not only likely to lessen the great tensions, but might also make clear what were the impediments that stood in the way of a decision, I suggested that she would come to me three times a week and talk herself out as exhaustively as possible each time on the couch.

The cathartic treatment, lasting six weeks, brought about a change for the better in her general condition and made it clear that, as had seemed likely already at the first consultation, there was no question of a disturbed personality structure in a neurotic sense. The sudden rupture of her first love-tie proved to play no part in her doubts. The supposition of a homoerotic tendency, aroused by her markedly great enthusiasm for the portraits of women by painters Marie Laurencin and Mariette Lydis, appeared at closer examination to be unfounded. It became clear, though, that the objections of the family

had been shared by her also before the engagement and to a greater extent than she had suspected at the time. All her life she had been deeply attached to name and title, and so decidedly shrank from giving them up. The attachment to her mother and also that to her father proved to be very strong, but still did not reach that degree nor that nature which may be called typical for those who are disturbed in the neurotic sense.

Meanwhile the doubt remained undiminished. The best thing to do seemed to me, therefore, to apply the *rêve éveillé*, in the first place in order to have a control for the favourable image provided by the catharsis, and in the second place to achieve, if possible, a solution to the dilemma in this way.

I consider it superfluous to give a lengthy comment on her *rêve éveillé*. The idyllic, feudal, even sacral interpretation of youth, the non-neurotic character of her inhabited world, which in spite of this provided a barrier — easy to overcome it is true — a barricade in which we can discover the borderline of her original social milieu, all this stands out undisguised in the account below.

Can you imagine a key? *I see a large key, a St. Peter's key, a large old-fashioned key with many indentations. I see it floating like a big, obscure form against light clouds, I stand underneath it, the key is floating over me and it is much bigger than I am. The key is coming down and lands on a large, beautifully embroidered cushion. It is a procession, the key is carried on a cushion as happens in a procession.*

What is going to happen? *The procession is going to a church, a cathedral, the door is opened; I am standing in the church, it is dusk. I want to go into the light, it is so dark in that church; I have reached a vault..... I cannot get higher, it is as if I am being held by something in the gothic vault, I cannot get out and yet there must be a window, for how can the light get in otherwise?*

There is somebody standing down below in the church, pulling the long ropes so that the window opens! *I have got out of the vault, I feel the warmth of the sun, it is delicious here. I am going higher and higher up all the time. I still see a dark spire somewhere below me, but that is disappearing, too; the sky is blue, it is at the height of summer. I am flying horizontally now and see something dark and wavy below. The blue sky is terribly far away, I cannot get any farther and feel myself getting heavier.*

A bundle of sun-rays is carrying you farther! *I get a sensation of winter-sports, I think of the mountains, I am whizzing up with the speed of a rapid descent, they are all flat mountain-tops of light, I can make them all. I am getting higher all the time, am rushing up ever higher tops with skis on my feet. Round about me the little white crystals are sparkling, still it is not cold at*

all. It is getting still lighter, there is one more very high top, I must force myself terribly now to get to the top. It is going very slowly, there is a lot of headwind, the blue sky is getting grey, I keep going up but I am quite surrounded by mist. I feel as if I ought to assume a shape like a torpedo, I rise higher and higher; if there were not so much wind I could get on much faster. I am much higher than the vault now, those spires and those mountains, I have lost them all now. It is not going so quickly any more now, actually I am not making any progress now. It is as if I am sitting on the edge of a picture; I should be able to get farther if only the picture were larger. It is getting cold, I can't get any higher.

Can you call for help? Is there anybody who could help you on?..... No, there isn't anyone, I am going down now, in a trajectory at a dizzying speed..... but I don't reach the ground. I am suspended as it were. I see bare rocks under me.

Here the *rêve éveillé* ended. I asked her to write out the whole and especially to think of the end.

The next time she came she made a new impression. The weight of the everlasting doubts that could usually be read in her face had disappeared. She told me the following: "You asked me to reflect on the end of my narrative. The great question is, it seems to me: is it right that I have made the whole trip alone? Should not my fiance have been there? I thought it out more deeply then and saw the end quite differently. When I saw him there too, I asked myself what is it like now? I saw him clearly before me, he took me by the hand, he caught hold of me entirely, he supported me: *then* I could get on".

From that time the uncertainty was gone. Two weeks later she told me that she and her fiance had decided to be married in two months. Two months later the marriage was indeed solemnized, and in a letter written a little more than a year later, she told me that she had not for a moment regretted her decision.

It seems to me it is difficult to doubt that the *rêve éveillé* proved to her that it was unnecessary to be alone and that it was very well possible for her to go farther with her fiance, and that this imaginary experience opened the gate to a reality in which a marriage without doubts was possible.

### The Direction in the *Rêve Éveillé*

The second example shows us the possibility of a correction and a continuation of the *rêve éveillé* outside the psychotherapist's room. Experience has taught me that such is by no means the rule. In general the patients tell me that the narrative which in the presence of the psychotherapist went so smoothly, often to their astonishment is either resumed in solitude only with extreme difficulty, or not at all.

In my opinion the explanation of this remarkable thing is



only too obvious. The patient is looking for help because important territories of his existence got lost or were closed. We may assume that he himself repeatedly attempted to re-open these territories and renew his possession of them. He failed in these attempts. He looks for an attendant spirit, a helper, and for this reason visits the psychotherapist. During the *rêve éveillé* he knows that there is not only an ear that listens, but also an eye that sees as he does; he realizes all the time that his wanderings, his ascending and descending are followed and watched. This gives him the strength to enter territories which, if he were alone, would be inaccessible to him, or even would not be there at all.

The psychotherapist can underline the duality in which the journey takes place by asking questions or by intervening. He can *direct* the patient's exploration. Bachelard, therefore, preferred to speak of a *rêve éveillé dirigé*, and in his latest publication Desoille gratefully borrowed it.

The choice of the new name strikes me as a happy one for another reason. He who begins to work with Desoille's method will perhaps notice, even at the first consultation, that the directing of the *rêve éveillé* is a difficult job. It is necessary to put oneself in the patient's situation so that the assistance one offers is in harmony with it, and yet can open up new perspectives. A curt refusal is sure to follow if the psychotherapist anticipates the possibilities of the patient or offers a form of help differing by a shade from the style of the images confronting him. As a rule the patient feels no uncertainty while choosing between accepting or rejecting the assistance offered. Even he whose life is characterized by great irresoluteness knows at once in the *rêve éveillé* whether or not to accept the suggestion of the psychotherapist. If the help or the direction is rejected, greater harm is done to the therapy than one may realize. For in this case the psychotherapist has shown that he has failed in his capacity of an attendant spirit, of a helper, and consequently in that function which the patient seeks with the psychotherapist and with him alone. Who then is able to give him a guarantee that the aim to which the direction will lead him suits the nature of his co-acted world? Usually the psychotherapist, after an unfortunate choice of direction, "disappears" from the situation and the *rêve éveillé* becomes a desperate failure. Should the patient at that moment be at a considerable height above the earth, an unsuitable remark may cause him to take a tumble, while the psychotherapist looks on powerlessly and sees how he is dashed to death on the earth. He who has once seen how a slight mistake may turn the scene of the *rêve éveillé* into a place from which the patient anxiously and distractedly tries to find a way out, will know better than to offer his help until after careful consideration and with clear indication.

If it be true that the psychotherapist directs, *the patient decidedly asks for this direction*. The patient gives the psychotherapist the right to intervene in his narrative and to take a hand. He really proves this at the moment he makes the usually extremely difficult resolution to consult a psychotherapist. The first step and the most important the patient takes on his way toward his cure is the step across the threshold of the psychotherapist's house. Treatments of adults who have been persuaded finally by husband or wife, parents or friends, to get in touch with a psychotherapist, without exception lead to failure. Experience has taught me to refuse any well-meant request for treatment that did not originate with the patient; the time to accept is the moment the patient himself has taken the initiative to apply for treatment.

*The direction in the rêve éveillé rests in the first place with the patient.* He took the initiative to visit the psychotherapist, he decided to comply with his request and venture into the world of creative imagination, he makes intervention acceptable and it is he who, if the case arises, allows the psychotherapist to play a part in his narrative and to help him overcome the barricades.

### The Indication to the Rêve Éveillé

The first indication has relation to the psychotherapist. *Only one who has wide experience in connection with the interaction with neurotically disturbed persons and who has thoroughly acquainted himself with the method and its dangers, which cannot be underestimated, may apply the rêve éveillé.* The *rêve éveillé* is not among the methods with which one can begin one's psychotherapeutical practice. The best prepared man would seem to me to be the man who during many years of applying the psychoanalytical method — which supposes an extensive training — became familiar with the nature, the possibilities and the difficulties of his profession.

Point by point I should like to observe the following:

1. Broadly speaking it is not right to apply the *rêve éveillé* in treatment of those patients for whom the past is a large, unsatisfied bill. The psychoanalytical method is to be preferred in such cases, at least if the patient proves to come up to all those conditions which are indispensable for this method.

2. Generally speaking, it is not right to apply the *rêve éveillé* in cases of patients who show very clearly a negative disposition with regard to their fellow men and consequently — and frequently to an extreme degree — with regard to the psychotherapist. A psychoanalytical treatment should then be considered, or a treatment with the non-directive therapy of C. Rogers.

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3. It is of dubious value to precede a psychoanalytical treatment by a *rêve éveillé* for the sake of diagnostic considerations. Should anyone be of the opinion in a special case that a psychoanalytical treatment should not begin before having at his disposal wider diagnostics than what can be drawn up from one or two introductory talks, it is then advisable to have this diagnosis made by someone else. Even if the patient is seriously disturbed, it still seems undesirable to me that the other diagnostician should use the *rêve éveillé* as a diagnostic tool.

It is equally inadvisable to remove a deadlock in a once-begun psychoanalysis by a *rêve éveillé*. The psychoanalytical method has at its disposal means to ensure continuation.

4. The *rêve éveillé* can be applied on the other hand at the conclusion of a psychoanalytical treatment. I have seen some good results in this connection.

5. The *rêve éveillé* is the "méthode de choix" to those patients for whom a clear insight into their own nature is the first, perhaps the only, condition for their cure.

6. The *rêve éveillé* is the "méthode de choix" for the treatment of neurotic conditions that are no longer fed by a still-living conflict, but persist as a "modus vivendi": the so-called "scooped out" neuroses.

7. A certain intelligence on the part of the patient is indispensable. It is also desirable that he should be capable of understanding what is called the "introspective" examination. It is by no means necessary, however, that he should be eidetically gifted. There are "blind" *rêves éveillés* that as far as diagnostic or therapeutic effect is concerned are not inferior to the "seeing" ones.

8. The indication of a long "great" treatment with the *rêve éveillé* is an involved one and can only be discussed by means of a number of case or treatment histories.

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There is a passage in Nietzsche in which the nature and the signification of what happens in the *rêve éveillé* is described in a masterful way. It is a pleasure for me to conclude this article with the passage.

"*Quidquid luce fuit, tenebris agit; but also contrariwise. What we experience in dreams, provided we experience it often, pertains in the final analysis just as much to the general belonging of our soul as anything "actually" experienced; by virtue thereof we are richer or poorer, we have more or less need, and finally in broad daylight, and even in the brightest moments of our*

waking life, we are ruled to some extent by the nature of our dreams. Supposing that someone has often flown in his dreams and that at last, as soon as he dreams, he is conscious of the power and art of flying as his privilege and his peculiarly enviable happiness; such a person who believes that on the slightest impulse he can actualize all sorts of curves and angles, who knows the sensation of a certain divine levity, an upwards without effort or constraint, a downwards without descending or lowering — without trouble! — how could the man with such dream-experiences and dream-habits fail to find happiness differently coloured and defined, even in his waking hours! How could he fail — to long differently for happiness? Flight, such as is described by poets, must, when compared with his own flying, be far too earthly, muscular violent, far too troublesome for him."

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## NEED FOR A NEW TYPE OF CONCEPT

### Current Trends and Needs in Psychotherapy Research on Schizophrenia\*

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In 1813 a group of Quakers reported a large incidence of recovery for a hospitalized group of patients who were taken out of relatively inhuman asylum conditions and treated with friendly and respectful human attitudes (Bromberg, 1959). That report did not generally establish it as a fact that certain positive attitudes in human relations overcome schizophrenia. The finding was *neither* accepted generally as a fact, *nor* were its loopholes and imperfections followed up with more exact studies. And the same can be said for very, very many other studies concerning psychotherapy with schizophrenics. From 1813 to the present, loose report after loose report — start after start — has been let pass without the need being felt compellingly to deal with it further in specifically controlled researches.

Thus, today, we are still investigating this attitude conception of the cure for schizophrenia, and we are still investigating whether psychotherapy works at all with schizophrenics. People still can say both that it does and that it does not work without feeling the need to cite just what it is in this or that of the many studies which they question or wish to control.

The current trend I see in research into psychotherapy with schizophrenics is the beginning of this sort of research — carefully controlled, designed research; the sort in which the defects can be at least clearly defined, the sort in which it is possible to estimate the degree to which findings are really established, the sort of research upon which successive studies can be built.

I think this is the most important trend I can cite.

As second and third trends I think I see some specific lines of successive investigations developing. One of these concerns the question: "Does psychotherapy work with schizophrenics?" The other question being dealt with is: "What are the *effective* therapeutic factors?"

#### **The Trend Toward Controlled Research**

To estimate whether psychotherapy works, one needs to compare experimental psychotherapy subjects with control sub-

\* This paper was delivered at a symposium entitled: "Current Trends and Needs in Research on Schizophrenia" at the American Psychological Association Convention in Chicago, 1960.

jects who do not receive psychotherapy. From Perry Point there is now reported (Fairweather, 1960) a controlled comparison between analytic therapy patients and a control group which received work assignments and milieu improvement.

At Wisconsin the current investigation sponsored by Carl Rogers,\* which I am directing, also fits into this line of development. Therapy and control patients are being matched one to one, on age, sex, social class, length of hospitalization, and degree of disturbance.

Why has it been so long until controlled research began? From the study in which I am engaged, I can report at least three good reasons. First, controls (both in the sense of matched therapy and "control" subjects and in the sense of careful "controls" for many factors) are inordinately difficult, time-consuming, frustrating, slow, and costly. It may take hours of effort expended over several weeks before one patient spends one hour with a psychometrist. Often, many such attempts must be made before even one instrument is completely administered to a patient. Meanwhile, drugs, transfer, discharge to faraway towns, and a host of other factors can invalidate much hard work. The amount of time and work required often makes a careful research design seem impossible because the pace of progress is hard to distinguish from standstill.

A second reason why controls are so difficult is that there are *some* factors which must impose limitations, regardless of how willing one is to expend effort. Let me give one example. Some patients refuse testing, tape-recording, or even psychotherapy. These have to be replaced in the research group, yet such replacement introduces a bias. With very much effort we continue to collect all obtainable data from these dropouts, so that we can later attempt to evaluate the bias they cause. Yet, clearly, such an evaluation will be outside the research design and will lend rigor only to a further study, not to this one.

Thirdly, a difficulty of controlled research is that patients for psychotherapy are selected by the research design, rather than by intuitive criteria or motivation for psychotherapy. In our project, although we did lose some, we attempted to continue psychotherapy with many refusers if we could possibly bring meetings about at all, on the ward, in seclusion rooms, despite strong rejections from the patients, anger, hopelessness, and weeks of silence.

Looking back on this now, we would say that this has been a very rewarding therapeutic experience for us. However, it

\* The investigation has been supported by the Society for the Investigation of Human Ecology and the Wisconsin Alumni Research Foundation, and is currently supported by the National Institute of Mental Health. The project is being conducted at Mendota State Hospital, Madison, Wisconsin, with the collaboration of Drs. Urben, Tybring, and Coletti, and at the Psychotherapy Research Section, Psychiatric Institute, University of Wisconsin.



was only the research design that included such so-called "un-motivated" (Gendlin, 1961b) patients, and only the research design led to our continuing with them so doggedly.

These three factors at least: sheer time-consuming effort, limitations on rigor, and unwilling patients, I can report as difficulties in the attempts at rigorous controlled research.

This, then, is one trend: research investigations are comparing psychotherapy subjects and control subjects who do not have psychotherapy, matched on specific variables, to determine how, and if, psychotherapy works with schizophrenics.

### The Definition of Essential Factors

The second line of investigations, which I think I see, moves toward definition of the essential factors which constitute effective psychotherapy.

Here we now have a study and its replication by Whitehorn and Betz (Betz, 1956, Whitehorn), showing that the incidence of success with schizophrenics is predictable from therapist performance on the Strong Vocational Interest Test. Whitehorn interprets this to mean that the more successful therapists show attitudes on this test which are more like a lawyer's. They enjoy finding leeway in the social rules for the sake of individual needs. The less successful therapists show attitudes like printers', tending to impose pre-set patterns on passive objects. Whatever the interpretation, we can now build upon a tentatively established proposition that some attitudinal factors in therapists (as measured by the Strong Test) are effective therapeutic variables. In a sense this is the finding of 1813, but now we have a *measured* variable of therapeutic attitudes replicated in predictions of successful psychotherapy with schizophrenics.

In research with generally neurotic clients, Rogers and associates (1959 a, 1957, 1960) also found successful psychotherapy associated with attitudes of this sort, attitudes of "genuineness", "empathy" and "unconditional regard". These attitudes have been measured as experienced by the therapist, as perceived (Barrett-Lennard 1959, Truax, 1961) by the client and by the raters of tape recordings. In our Wisconsin project, Rogers now hypothesizes that these same attitudinal variables will be associated with successful psychotherapy with schizophrenics. To analyze for the attitudes in *complete* tape recordings is an important research trend in itself. The line of development that I am drawing leads from the studies of 1813 — in which such attitudes were found to lead to improvement — to the *measured* and *predicted* therapist attitudes as *manifested* in tape recorded interactions during psychotherapy.

### The Measurement of Patient Behaviors

A fourth trend I see — still in the future — is the measurement

of patient behaviors — and changes in these — during effective psychotherapy. Study of this question with non-schizophrenics has led to such instruments of patient in-therapy behavior as Chapple's (1956), Leary and Gill's (1959), Matarazzo's (1958), the DRQ (Mowrer, 1953), self-reference analyses (Braaten, 1958, and Rogers' Process Scale (Rogers, 1959 b, 1958, 1961, 1960; Walker, 1960). These will be increasingly applied to schizophrenics as well.

In the Wisconsin study we are using Rogers' Process Scale which draws together seven dimensions of in-therapy behavior indicative of therapeutic movement. Rogers' summary of the continuum which the scale measures is as follows:

From feelings which are unrecognized, unowned, unexpressed, the client moves toward a flow in which everchanging feelings are experienced in the moment, knowingly and acceptingly, and may be accurately expressed. The process involves a change in the manner of experiencing. From experiencing which is remote in time from the organic event, which is bound by the structure of experience in the past, the client moves toward a manner of experiencing which is immediate,... from fear of relationships (he moves) to freely living in relationship. (1961)

These are strange and unusual terms for a research instrument. Yet, one major trend and need I see is for *more* such research terms. In this I am very likely to be biased since some of the terms and viewpoint in this scale come from the theory of experiencing put forward by Zimring and myself (Gendlin, 1961 a, 1955, 1962, 1960). I think, however, that this theory of experiencing concretizes a trend that is discernible in the discussions in various orientations. To the extent that there is this trend in psychotherapy, it will require new kinds of research variables for the research into psychotherapy. Let me therefore discuss this trend — if it is one — so that I can later talk about the kind of research variables which I think it is leading us to.

The trend I mean is one away from primary emphasis in therapy upon cognitive exploration, insight, verbal analyzing, and toward emotional, affective, interpersonal experiencing. Increasingly, we hear it said that it does not help the individual merely to understand the intricacies of why and what is wrong, and that he does not change due to conceptual insights. Rather, the felt, immediate, experienced events during therapeutic interaction, these constitute concrete events within him, and thereby he may change therapeutically. A moment of concretely felt living in interaction contains many, many potential meanings — and resolutions of problems — and not all of these can, or need be, conceptually insightfully symbolized. They are nevertheless lived. We term such meanings "implicit in experiencing", i.e., implicit in the organism's life process — one process — which can be analyzed in three ways: in physiological terms; in self, or feeling terms; and in interpersonal terms.

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When psychotherapy was thought of as chiefly cognitive, it seemed that schizophrenics were not amenable to psychotherapy. Insight, exploration, verbal cognitive analysis, are not usually possible for schizophrenics who are often primarily silent, or so fearful that in answer to verbal explorations they withdraw even further. But, the individual who does actively and cognitively explore himself — of him also it can be said that he isn't much changed by responses to *just* his concepts or verbal message. Most psychotherapists would agree, though they would say it in many different ways, that it is necessary to bring into the interaction the patient's private referent, the unconceptualized, implicit experiencing which he just then confronts within himself, as he speaks. The therapist cannot really verbalize the client's experienced referent, but he can refer to it, he can point his words at it, he can fashion his responses so that it is clear that he senses the specific inward experiencing, not just the spoken or conceived message. Or, if such pointing within the patient threatens the patient too much, the *therapist* can express his *own* inward sense of the present moment, as the therapist's own expression. It will sound different, but it will still implicitly be a response to the patient's present process of experiencing, and it will tend to make events occur within the patient's experiencing.

I think that, in different orientations in psychotherapy, and in various different terms, there is some discussion of this emphasis. What is being emphasized is the process of concretely felt experiencing in the patient, and the effect upon his experiencing, which is made by certain kinds of interpersonal interaction.

At Wisconsin we are retaining the essentials and the basic attitudes of Client-Centered therapy, but are altering (Gendlin, 1961; Hart, 1961) the Client-Centered mode of working toward a psychotherapy of experiencing, by that I mean a psychotherapy consisting of the immediately ongoing interaction and feeling processes which are referred to in both persons. In this experiencing psychotherapy, many psychological contents are referred to in their "implicit" or felt form. Yet, we find also, that if we are even more careful not to impose ourselves, not to demand agreement or disagreement, not to demand commitment to therapy or commitment to the formation of a relationship — by leaving the client more free than ever —, we can also express much more of our own ongoing experiencing, voice our momentary feelings — making clear that these are our own —, and give the patient an ongoing interaction of a warm, open, eventful sort. Thus, even though *he* isn't ready or able to make such an interaction, it occurs if the therapist makes it, and expresses himself openly and non-imposingly in it. The patient, too, then finds within himself an ongoing experiencing process that has something of the openness, honesty, human warmth,

and eventfulness which the therapist expresses on his side. There is only one interaction process, yet to some extent at least, its events are experienced in the organisms of both persons.

### How Research Can Investigate Psychotherapy

Now to the question I have been building up to: If, for some of us, this is the nature of psychotherapy, then how can research investigate and measure it? I think that it is beginning to be investigated in two ways: first, in physiological terms, and secondly, in terms of increasingly refined observations of tape-recorded in-therapy behavior.

I want to say a few words about each of these.

Psychophysiological studies have been reported (Berlin, 1960; Matarazzo, 1958) showing that different interpersonal conditions involve different autonomic correlates. We have currently also made a start (Gendlin, 1961 c) at finding autonomic correlates of different manners of experiencing (as defined in the Process Scale) and of resulting changes.

Another line of researches shows that psychotic contents can be produced in the laboratory by inhibiting the normal interaction of person or body, as happens in dreams, hypnosis, and laboratory stimulus isolation. Psychotic contents seem to appear when stimuli for optimal interaction are reduced. Also, LSD, Carbon Dioxide, and other toxics produce them. I think it is likely that we will find, also, physical modes of *restoring*, rather than *inhibiting*, optimal organismic process, and optimal interaction. Currently, it is true, society seems more to want to tranquilize its schizophrenics — and itself — so as to avoid, rather than restore, personal interaction and optimal physical interaction. Yet, I think physical and psychological avenues of research are increasingly defining *one* optimal process of organismic life, physical, subjective, and interpersonal.

But, if it is the case that attitudes and interactions are part of restored organismic experiencing, then we need new observable terms to define and measure this restoration through interaction. This brings me to the second avenue of measurement of this process. Rogers' Process Scale, which I have already described, makes a beginning at defining a few such observable terms. Of course, at first, such terms are "intuitive" and "vague". But one moves to the stage of statistically reliable rating scales with them. And then one can further define and differentiate the observations on which the ratings are based, as Hart (1960) and others (Gendlin, Hart; Tomlinson, 1959; Tomlinson and Hart) at Wisconsin, and Holloway (1960) and Zimring (1958-1959) at Chicago are attempting to do now. Whatever the therapist can sense and interact with, that must, in the last analysis, turn out to be something observable. Unless there is a purely mysterious intuition, which I doubt, reliable so-called

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subjective estimates of behavior will, upon analysis, be shown to consist of more specifically definable variables of external observation, variables on which behavioral research can be based.

In the clinical field, carefully controlled experimental research is growing. At the same time some of us are coming to consider the central aspects of psychotherapy as implicit, sensed and felt experiencing, and personal interaction. I do not think that the prospects of science are less if this should indeed be a less superficial way of considering psychotherapy. Rather, we would need — and I like to think we are tending toward — the kind of theory and the kind of research variables which will give us a science of the concrete experiencing of interacting organisms, in terms of differentiated and defined measurements of observable variables.

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## THE SENSE OF SUBJECTIVITY

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The careful analysis and introspection of the experience-of-feeling-human or *in-der-Welt-sein* discloses the presence of an element that is as difficult to isolate as it is important to recognize. That element is best designated by the phrase, "the sense of subjectivity." Sometimes that sense is clearly present; sometimes it is just as clearly absent. The character, tone, and worth of our very lives are determined by the place that the sense of subjectivity occupies in our experience. The present paper tends to emphasize what might be called the psychological and therapeutic aspects of the sense of subjectivity, although occasional reference is made to the ontological and metaphysical implications of that sense of subjectivity.

The present paper — which can be considered but the suggestion of an outline — is not speculative in a metaphysical sense, but empirical and descriptive in a phenomenological sense. As the botanist can describe the behavior of a plant, so can the phenomenologist describe the nature of subjectivity. The term "subjectivity" refers to a specific area of the experience of feeling human. The referent of that term is accessible to all discernible in experience, and describable. The criteria for the adequacy of these descriptions are importantly parallel to the correlative criteria in the traditional scientific method. It is of course true that the description and analysis of subjectivity present problems that are unique, since, first of all, the experience of subjectivity is more evasive than the observations and measurements of plants, and, secondly, a plant is an object, a *cogitatum*, whereas a subject is a subject, i.e., an *ego*. This paper is thus a preliminary account of a crucial and yet hidden category of experience, a category that must be isolated, described, and analyzed for the proper understanding of human existence, its problems, and attendant solutions.

Subjectivity has been the pariah of philosophy. We are disposed to profess that objectivity is the *sine qua non* of knowledge in general, and especially of science; and yet we cannot but recognize that the egocentric predicament presignifies the doom of the dream and the hope for objectivity. The sense of subjectivity, which explicitly or tacitly resides at the heart of our experience of being-in-the-world, is of major relevance to practical questions of values and to theoretical issues in epistemology and metaphysics. In the area of values, and with specific reference to psychiatry, the proper emphasis and affirmation of subjectivity leads to feelings of individuality, worth,

dignity, confidence, and self-respect. To this extent, the exploration of subjectivity is of concern to ethics, religion, and psychiatry. In the area of epistemology and metaphysics, the inescapable fact of subjectivity interferes with any putatively objective perspective on reality. Any conception of reality, as well as any criterion of truth, is viewed, observed, and constructed from within man's own and innermost subjectivity or inwardness.

The subject-matter is vast. This paper is but a preliminary; it is an obiter dictum to much of what can be said. There exists a fairly substantial literature on this subject, especially in the area of existentialism and existential psychiatry and psychology. However, and without the risk of sciolism, there is in this paper no resume of that literature. What is here intended is to convey a scintilla of that radical transformation of *weltanschauung* which results from the full-bodied realization of man's subjectivity. That realization is the insight that a subject is a unique and almost ineffable yet ever-present locus in experience.

Rollo May has christened the sudden intuition of this sense of subjectivity as the "I-am" experience. It is a sensation that may overcome a person unexpectedly, and, while in this state, the individual may be said to feel the muscle-tone of his individuality. The I-am experience is one of hope; it is the sense which promises that previously insoluble problems can be resolved. In and through that experience, despair turns to equanimity and ennui to euphoria. The I-am experience is the tempestuous realization that my own existence is something altogether unique, ineffable, mysterious and miraculous. It is also the insight that the power and the courage that I sought from external agencies were really dormant within me. It is to know that the reason I never got help is that I myself — and no one else — am that helper and saviour for whom I craved. Several steps are necessary for the understanding of the sense of subjectivity.

### Difficulties Inherent in the Exposition of Subjectivity

A substantial measure of insight into the sense of subjectivity can be attained by first understanding the immense and inherent difficulties that lie in the path of its clear articulation. I cannot, in any ordinary sense, understand my subjectivity. The reasons for this difficulty are embedded deeply in the basic structure of experience itself and in the nature of consciousness. Phenomenological researches in general, and those of Edmund Husserl in particular, have disclosed that all experience is intentional. That is to say, "to experience" means that a subject or *ego* reaches out onto reality by means of a "look" which is called the *cogito*. The reality or externality towards which the pure look of the *cogito* is directed is the object of consciousness or the *cogitatum*. Thus, the triad that is descriptive of the

ubiquitous intentional character of consciousness is compressed by Husserl in a formula which can be rewritten in this form: "The intentionality of experience" df "ego-cogito-cogitatum." It follows that to focus the attention of consciousness on the ego itself would yield an "ego-cogito - ego" triad and hence violate the very nature of consciousness. The cogito represents a transitive relation; it is a straight vector. To try to transform this transitive relation into a reflexive one is like trying to direct a ray of light on its source: it is bent a full circle. In general, to understand  $x$  means, among other things, that  $x$  is apprehended in the manner of an object. There is no non-objective apprehension. The nature of consciousness demands this condition. The ego or subject can never understand itself in the way that it understands objects. The eye cannot see itself; a camera cannot photograph itself. Teeth cannot chew themselves; a lion cannot swallow itself. In spite of the overwhelming conviction that "I am who am," the clear understanding of my own subjectivity is bewildering and extraordinarily difficult.

The sense of subjectivity can be explored by realizing that it exists on a number of more or less clearly defined levels of experience. These levels may be classified as entailing the identification with the body, identification with the empirical or psychological self, and identification with the Transcendental Ego.

### Subjectivity as Identification with my Body

A relatively primitive and easy-to-understand form of the sense of subjectivity is found in cases in which we identify our entire being simply with our body. This may perhaps be referred to as a version of narcissism. In other words, to identify my ego with my body is one form of emphasizing, asserting, and experiencing the fact that I am a subject. Whatever it is that in any ultimate sense I am, at this level of bodily identification I have thrown the full weight of that ego into my body. I have committed my ego to my body. When I thus identify the ultimate subjectivity that I am with my body, then I attribute to my body much greater importance than to any other body. My body, compared with others, comprises a very large "phenomenological mass." I live my life focused on my body; I see the world, and the world sees me, through my body. When I have thus identified my ego with my body, I strive to achieve the security, dignity, self-respect, status and feeling of concrete individuality that is essential to a fulfilled and authentic existence by cultivating strength, vigor, importance, and affirmation in my body. I strive to magnify and solidify my body, which has become the sole symbol of my subjectivity.

At this level of identification, man is concerned preeminently with the question of health, and the desire and effort for either

a strong physique or beautiful one, depending on the sex. He appreciates the pleasures of physical exercise, sports, hiking, the wide-open spaces, fast cars, breezy beaches and physical attractiveness. The sense of subjectivity at the level of bodily identification can be indulged in or developed either directly or vicariously. Much of the advertising industry in this country relies on the vicarious or substituted satisfactions of the sense of subjectivity as that is identified with the body. The implicit promise in much advertising is, in effect, "Buy the product and you will be guaranteed a sense of subjectivity."

If confined to what may be termed its proper limits, the emphasis on this particular form of identification leads to certain salutary results. The cultivation of the physical lends a certain glow and charisma to the body. In this manner, the ego attains many of the benefits that come with all versions of the sense of subjectivity, such as self-confidence, euphoria, hope, and relaxation. Health clubs, for example, constitute a quasi-religious practice whose rituals are designed to develop a strong sense of subjectivity by accentuating, on the one hand, the identification of the ego with the body, and, on the other, developing a sense of power in the muscles. In this way, to solidify the muscles is to concretize the ego or the sense of subjectivity.

### **Subjectivity as Identification with my Psychological Self**

At this higher, more complex, and more sophisticated level of identification or cathexis of the ego, the development of subjectivity becomes the education and the growth of the personality or character. Whereas before the ego appropriated the body as its only genuine province, it now resides as well in personality and character. At this level the ego becomes an individual by "conquering" his *Lebenswelt* or life-world. The sense of subjectivity is developed and enhanced by the ego achieving spread and control over the world that concerns it. That world of immediate concern now extends far beyond the mere body. Essential to successful living is the sense of subjectivity or of personal identity that comes with the ego's successful absorption and conquest of the world of its immediate and ultimate concerns. This state of transcendence has beneficial and desirable results similar to those of the earlier and more primitive forms of subjectivity. At this level, the paradigm is not "I have a body," but "I have (or am) a psychological self," or "I am my life-world."

### **Subjectivity as the Transcendental Ego**

The third level of insight regarding the experience of subjectivity is to identify the ego with what Husserl has called the Transcendental Ego. The Transcendental Ego is the ultimate subject in all cognition, perception and apprehension in general.

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The Transcendental Ego is the unobserved observer that lies behind all experience whatsoever. The full implications of this identification are developed by mysticism in religion and sometimes by absolute or objective idealism in philosophy. This aspect of the sense of subjectivity has relatively little application to psychology and psychiatry, although to religion it is indeed of primary relevance. Needless to say, if the ego feels it is God, that is, the Ground of Being, then it must possess a strong sense of individuality and subjectivity. After all, the spectator of Being in general is not affected by the vicissitudes that befall particular beings. In the condition of Supreme Observer, the ego experiences itself as being the Supreme Subject. Here the ego identifies itself with the totality of being.

### Examples of the Sense of Subjectivity

Since the sense of subjectivity is unique — there is only one instance of it in experience — no class-names apply to it, no resemblances identify it, and metaphors are only partially appropriate to evoke it. The most forceful, and perhaps the only way to describe subjectivity is by presenting groups of illustrations. First, the surge of subjectivity is a crucial constituent in the experience of commitment, especially if the decisions involved are important and difficult. As a matter of fact, to commit oneself to a path of action, a belief, or an ideal means to affirm and thereby create one's individuality and subjectivity. To engage in any form of behavior is to create a state and a sense of subjectivity. The manner in which one approaches the decision-making process indicates the level of self-affirmation that one has attained. The commitment to which one engages himself reveals the degree of subjectivity attained. When in the throes of an important decision, when on the verge of a monumental commitment, the ego as a region in experience looms large, strong, and inescapable. A successful and responsible commitment unfolds a high coefficient of individuality; it discloses a high quotient of subjectivity. Second, the sense of subjectivity is created when one successfully manages and withstands insults, criticisms, frustration, and rejection. The ego that crumbles when confronted by such opposition is the ego with no sense of subjectivity, or at best with an undeveloped sense. The nature of subjectivity becomes clear when the ego reaches the equanimity and independence requisite to resisting, reasonably and intelligently, the onslaughts of the invading world around it. When a man holds his own in a difficult situation he will experience the nature and the value of his subjectivity. It is the feeling of being an impregnable fortress. To others, a man with a well-developed sense of subjectivity commands respect. Finally, there exists a high coefficient of subjectivity in the feelings of importance, influence, merit, respect and status.

In each of these sets of experiences the sense of subjectivity is highly developed, and the satisfactory feeling-tone of the life in question is due to the sense of subjectivity so very prevalent in it. It is in areas of experience such as these three groups that the sense of subjectivity appears most clearly. By taking each of these in turn, the sense of subjectivity can be isolated, bracketed, analyzed, remembered and evoked by the perspicuous application of the phenomenological epoche.

Take the example of a girl who seriously wishes to marry a certain young man. Her father disapproves, and manages to do so quite convincingly. He argues that the man is not really for his daughter; she can do better. Furthermore, he feels that she needs more experience with life and people; she needs freedom and perhaps some travel and work before settling down. After all, if he really loves her she can postpone marriage; while, on the other hand, it is hard and messy to undo a marriage. What is the relation between this girl's dilemma and her sense of subjectivity? First, the more she thinks about the problem and talks it over, the more she realizes that there is no objective, purely rational, absolute computer-like solution to her problem. She begins to feel the extraordinary element of responsibility in her life. It dawns upon her that she is forced to be like a god creating a system of values *ex nihilo*. She also realizes that to resolve this painful problem is to embrace a particular commitment about the kind of life she is going to lead and the kind of person she is going to be. Finally, any resolution of her difficulty entails the prior commitment to a total system of values with its concomitant metaphysical perspective and foundation. The total responsibility for such prior ontological commitments rests squarely on her ego. To realize these facts about the experience of feeling human, which lead to anxiety and loneliness, nonetheless calls attention to the valuable and unique experience of being an individual. The experience of individuality has the character of finality. Subjectivity is an inescapable fact, a mysterious fact, and, in this case as in others, a fact which the ego would rather escape than face. On the other hand, the extraordinary role of the ego in this situation makes amply clear the nobility, magnificence and even majesty of subjectivity.

Second, in order to live successfully through the impending struggle and incipient quarrel with her father or her fiance, she will be forced to learn what it means to meet opposition, criticism and rejection. These threats are exacerbated by her own insecurity about values and because of her general immaturity. Her quandary is that she is attacked inescapably; she cannot surrender, and yet she has not learned to counterattack successfully either. She is stuck with the unpleasant situation, and through it she must build her own citadel of strength. As

she begins to construct her own character and her own commitments amidst the turmoil of her emotional entanglements, she also feels growing within her a sense of individuality, responsibility, dignity, power and subjectivity. The more tenaciously she holds on to that precious experience, the more self-respect, confidence and security will she feel. The tone of her life and her attitude towards her own person will then assume the sprightly promise of health and solidity. However, if she allows this budding experience to slip through her fingers, she will feel as if she were disappearing from the world as a concrete individual; her person then no longer makes a difference in the world.

Finally, if the girl tries to embark upon a commitment reasonably and within the range of the forces that tug at her, she will eventually sense that she has status in her own eyes and the eyes of others. She will feel herself to be a person of merit, and consequently of importance and of influence. The genuine feeling of importance — unaffected and spontaneous — is the sense of subjectivity. In general terms, therefore, the various elements of experience confronting man in the context of any serious problem disclose important aspects and loci which may properly be termed the sense of subjectivity. These sections of experience are empirical data and to that extent they are facts in a real sense.

The foregoing discussion may suggest rather excessively that all commitments are purely arbitrary choices. This is not correct. All commitments, whether these deal with values or not, require factual information and careful ratiocination for their successful execution. And "successful" here means to achieve what these commitments are designed to achieve. However, facts and reasons do not mechanically engender and insure commitment. It is at this point that the sense of subjectivity comes into play. Ordinary facts and ratiocinations have a mechanical and impersonal character about them. The actual experience of commitment is something totally different, new, and unique. It is a blind leap, a hopeless plunge into a bottomless abyss. Successful living as well as successful psychotherapy are accomplished through practice in discovering that sense when it discloses itself. To solve life's problems entails to cultivate sedulously the sense of subjectivity.

The discussion may further suggest the uncompromising embrace of atheism and relativism. This is not correct either. The statement "There are no absolute values" does not mean "There is no God" or "Values are merely matters of opinion and whim." It does mean that the final responsibility for deciding whether or not there is a God, whether or not there is an absolute order in the universe, and if so, what that God and that order prescribe, that these matters are my sole responsibility. And

that these commitments are indeed my responsibility is a fact of experience discoverable through introspection with a phenomenological epoche.

The feelings of success, promise and hope enhance and invigorate the sense of subjectivity, whereas the feeling of failure corresponds to the dissolution of the ego. To fail is to denigrate the sense of subjectivity. Consequently, every effort must be made to encourage the development and fixation of the sense of individuality and subjectivity. The appearance of jealousy and envy bring into clear focus the need for that sense of subjectivity. The same holds true of feelings of inferiority, which are due in part either to ignorance and neglect of the sense of subjectivity, or to its atrophied condition.

Finally, it is worth pointing out that Pinocchio — the wooden puppet — became a real live boy after he had proven his mettle by passing many tests of human probity and loyalty. This popular children's story has for its moral the sense of subjectivity. Pinocchio, while still a puppet, is not a subject; he is not an authentic individual. He is a mere replica — and a poor one at that — of man. The real live boy, on the other hand, is the symbol for subjectivity. To be a real boy is Pinocchio's deepest desire and greatest reward. Translated, this means that the *summun bonum* is the sense of subjectivity.

### Subjectivity and the Mystery of Being

*Why are there beings rather than nothing?* With this now famous question Heidegger begins his *Introduction to Metaphysics*. Being, wherever and whenever it occurs — and it occurs everywhere — is the supreme mystery. In connection with everything that is we can imagine that it might not have been. To ask why is it not otherwise is characteristic of man. The mystery of being is especially obvious when we focus on being as a whole. The question "Why is there being rather than not?" calls our attention to a ubiquitous property, a trait all things possess, a characteristic so pervasive that we cannot see the forest for the trees, namely, the property of being or existing. All things are. The fact that they are is a matter of supreme mystery because we cannot understand the source, nature, ground and sustenance of this property. It could just as easily be absent. Yet on this property depends all existence; in fact, this property is existence. Why is it that things exist rather than not? All explanation occurs within that which is to be explained, that is, within being, so the question applies to any possible answer to it as well. All answers are within being, that is, anything that functions as an answer has the property of being: it is. However, the question "Why is there being rather than not?" is about the nature of this "to be". The realization that



we can know nothing about the foundation of being itself, that the basis or ground of existence is the greatest of all mysteries and the only genuine miracle, comes to us as a shock. What is it that resists non-being? Questions of this sort do not lead to answers but to a state of mind that appreciates the miracle of existence.

Thus, another striking way of calling attention to and focusing on the sense of subjectivity is by developing this experience that has become prominent in contemporary analyses of religion. The experience goes under the name of the mystery or the miracle of Being. When the weight of that experience is marshalled against the fact that I am a subject, then the sense of subjectivity is given extraordinary concretion. The miracle of Being constitutes an ontological approach to affirming the sense of subjectivity. The mystery or miracle of Being applied to my own subjectivity is in effect the cosmological argument for the existence of God directed towards my own individual existence. The specific argument in question is that from contingency, and it does not concern itself with the totality of existence but only with me as a human subjectivity. The fact that I — as a subject and as an awareness or a consciousness — exist is as genuinely mysterious and as truly miraculous as is the fact that there is a world or a universe. In the *Old Testament*, God says of himself, "I am who am," thus calling attention to His most peculiar attribute: the fact that He is. In general, the arguments for the existence of God, rather than proving the existence of God, may profitably be reinterpreted as intellectual devices that call attention to the miracle and the mystery of the fact that things are. The meaning of the term "God" can be translated to refer, not to a being or a thing whose existence can be demonstrated by certain a priori or a posteriori arguments, but to a state of consciousness. "God" designates a subjective mode of apprehending the world around us, the very existence of things. "God" stands for an experience of unique and infinite wonder. That wonder can be about Being in general, or about my own subjectivity. The phenomenological structure of these two experiences of the miraculous are substantially similar. In terms of the symbolism suggested here, to believe that God created the world means that I accept and clearly see that there can be no explanation whatsoever for the fact that things are.

Subjectivity is unique and is the highest principle of my being: I am a subject. It is beyond explanation. To explain and account for subjectivity by invoking a still more basic principle is thus out of the question. Neither can the question of why there are beings rather than nothing ("Why is there subjectivity rather than nothing?") be explained by detailed description. Furthermore, the unique — subjectivity, in this case — cannot be described by using universal concepts. The unique is ineffable; and this is the case

with subjectivity. It is also inconceivable how any ostensive definition or definition by enumeration can establish or explain that there must be beings rather than nothing. We cannot point to existence itself. Above all, of course, we cannot point to subjectivity. It is subjectivity itself which invariably does the pointing. Subjectivity is thus quite as inexplicable and mysterious as being itself. Neither deduction nor the principle of sufficient reason can account for the existence of Being; there is no deductive logical necessity that the universe must be, and that it must be as it is. Finally, to answer the question of Being in terms of causation is merely to get involved in an infinite regress. Also, invoking causation fails to account for one of the most important aspects of experience: causation itself. Neither an infinite regress nor an incomplete account is a satisfactory form of explanation. Finally, purpose rarely gives any phenomenological satisfaction to the thirst for explanation.

The mystery or the miracle of Being is the insight that the quest for an explanation in ultimate matters — regardless of what we mean by explanation — can, by virtue of the nature of the situation itself, never be satisfied. The absence of possible explanation which is true of Being applies equally well to subjectivity.

Without defending idealism in philosophy, we may grant that at least some important connections exist between consciousness and Being. The question which asks "Why is there consciousness rather than not?" is thus closely allied to the question after the possibility of Being itself. As we focus on that strange and unique event we call consciousness or awareness, we are prompted to ask the transmutation of Heidegger's question, "Why is there awareness rather than nothing?" or Sartre's question, "Why is subjectivity not otherwise?" And the core of consciousness is subjectivity. The answer to the question, "Why is there subjectivity rather than not?" is to be answered in precisely the same manner as is the question after the possibility of Being. The answer is that there is no answer. The ultimate and irremissible miracle we find in consciousness, awareness and subjectivity. A "miracle" is to be interpreted as a momentous surprise, a surprise that "surpasseth" all surprises. In this manner, a strong sense of the uniqueness, importance and concreteness of subjectivity can be achieved. The uniqueness, peculiarity, terror, dignity and majesty of the sense of subjectivity can be appreciated by contemplating its utter contingency and consequent incomprehensibility. In this way the subjective ego realizes its fundamental difference from any other thing or ego. It then becomes obvious that all objective and absolute postures in metaphysics are constituted in and by subjectivity, with all the concomitant strength and responsibility that these postures entail for the individual ego.

The philosopher of linguistic analysis, as he reads this material, will perhaps shake his head and retort that the questions are gratuitous and the wonder spurious. The miracle of Being is a concept derived from a fundamental misunderstanding of the nature of explanation. The term "explanation" is such that it does not apply in the same sense to all uses of it. By assuming a common phenomenological ground for that term, we invent the entire edifice of the miracle of Being. This is not the place to review, construct or reconstruct the many arguments that have been and could be inveighed against the phenomenological approach used here. What matters is that the present method of approach can be justified. The justification lies in the basic nature of phenomenology. The matters here discussed, even while words are needed to express and to convey them, are facts of experience. The subject-matter is not words, uses of words or misuses of words. The material under discussion represents specific aspects of the experience of being a human existence in the world. If linguistic confusion leads to further insights, this is a strange and interesting fact. But, since what is primary is experience and not language, linguistic foibles and semantic open-texture are of no immediate relevance to the problems here discussed. If the miracle of Being is the consequence of some monstrous linguistic *faux pas*, then we are confronted with the extraordinary situation that linguistic *faux pas* of a very special kind are needed to disclose the fundamental characteristics of experience. Under these circumstances, it would be the proper function of philosophy to intensify its search for these heuristic *faux pas*.

The sense of wonder which leads to an enhanced sense of subjectivity can also be elicited by a number of propitious questions. There are a number of questions through which the rather astounding and relatively monumental fact of subjectivity can be made particularly clear. Thinking about these questions brings forth the sense of mystery found in the fact that I exist as a conscious subject. Examples of these questioning poses would be the following: "Where would I be or what would I be if my parents had not met?" Moreover, "What would be the nature of our theories of the world if my parents had never met?" "What is the ontological connection or relation between my subjective consciousness and existence itself?" Or, again, the commands "Try to think away subjectivity entirely," and "Try to envision the world without your subjectivity, that is, even without your subjectivity as the spectator of an ego-less world," evoke the uniqueness and importance of the sense of subjectivity. Another suggestion is "Try to focus on the difference between the consciousness of subjectivity and nothing at all." Some final illustrative questions are "What would I give up were I to commit suicide?" "Why can I not exchange my subjectivity with another?"

"What is the meaning of the view that I am not exchangeable?"

Furthermore, there is a series of questions which refer to what might be termed the "why-me?" experience. Often, when something extraordinary happens to us, whether good or bad, we are prompted to ask, "Why did it have to be me?" If a great benefit accrues to us, such as receiving a vast and unexpected inheritance or winning a fabulous contest, we cannot believe that what is happening is happening to us. This experience of disbelief occurs because we are not prepared to recognize the fulness and uniqueness of our subjectivity. We cannot understand why we are the ones singled out. Similarly, if disaster strikes me or someone close to me, I ask "Where is cosmic justice?" "What did I ever do to deserve this?" The feeling of righteous indignation against fate for arbitrarily having selected me for undeserved punishment is a violent, painful and sad reminder of the nature and uniqueness of my subjectivity.

### Subjectivity and Free Will

To understand the sense of subjectivity we must concentrate on the experience of free will. Since the experience of freedom, of self-determination, of the power to initiate action, is tied to that of subjectivity, free will must be mentioned here. The exploration of the experience of free will enhances the sense of subjectivity. However, because of the importance of free will, a separate paper has been devoted to it.<sup>1</sup>

### Subjectivity and the Assertion of Will

Clearly related to the experience of subjectivity is that of the assertion of the will. This fact has been stressed both by Kierkegaard and by Nietzsche. To those who are timid, the assertion of one's will often seems dangerous. However, to assert one's will — not arbitrarily, but in ways that to man's reason seem sensible and justified — leads to hope and fulfillment. As the will asserts itself reasonably and intelligently, man's sense of subjectivity becomes increasingly more concrete, solid and centralized. The feeling of self-confidence is enhanced and reinforced by the success — the surprising success — that usually accompanies and is engendered by the reasonable assertion of one's will.

The importance of self-assertion in bringing out the sense of subjectivity has been emphasized in psychotherapy. Many neuroses manifest themselves in unreasonably weak and timid wills. Otto Rank and Carl Rogers, for example, have emphasized the necessity of encouraging the patient's will in the therapeutic situation.

It goes of course without saying that excessive, irrational,

<sup>1</sup>) Cf. my article "Free Will in Therapy," to appear in the *Journal of Existential Psychiatry*.

blind and "pig-headed" assertion of the will does not necessarily or invariably lead to a heightened sense of subjectivity. Excesses in these matters are the results of blindness or myopia regarding the experience of being human which go under the name of "neurosis" in psychiatry. These excesses, as substitutes for the genuine experience of the sense of subjectivity, offer no permanent and no satisfactory solutions to the problem of the meaning of life. According to Rollo May, to elicit the sense of subjectivity is one of the most important goals in therapy. Likewise, he maintains that this sense of subjectivity can serve partially as new theoretical foundation for psychology and psychiatry.

Related to the assertion of will, we find that hostility, aggression and negativity are primitive and thoughtless ways of achieving the heightened sense of subjectivity. These expressions are desperate and atavistic measures to achieve what is nonetheless an essential and noble purpose. In children, stubborn and negativistic behavior can often be a sign of a desperate attempt to establish a sense of subjectivity.

### Subjectivity and the Triumvirate of Meanings

The notion I call the triumvirate of meanings is (i) that certain terms which refer to human experiences possess three different meanings, and (ii) that these distinctions are almost deliberately overlooked by the ambiguities of language. It must be pointed out in this context that the understanding of the existence of this tripartite meaning-level enhances both the sense of subjectivity and the experience of free will. Most of the terms that designate aspects of the experience of feeling to be a human being in the world refer independently and differently to (i) an objective human state, (ii) a subjective human state, and (iii) the aspect of experience described and delineated by the term "free will". These three events in experience, all of which are properly considered as referents of one term, possess phenomenological structures that are fundamentally different from one another. To disclose the nature of these distinctions is at the same time to call clear attention to the fact and sense of subjectivity. The concept of the triumvirate of meanings is mentioned at this time only for the sake of completeness.

### Subjectivity in Introversion and Extraversion

There are introverted and extraverted means of achieving the sense of subjectivity. The difference between these approaches lies primarily in the kind of life-world or *Lebenswelt* that the individual has chosen. The introverted approach resembles in important ways the method of religious asceticism and stoic abnegation. The extraverted approach concentrates and projects the ego onto a larger, more wide-ranging, more expansive *Lebenswelt*. To achieve a sense of subjectivity through

introversion means to explore, to strengthen, and to be dedicated to the inner world. Whereas to achieve that sense through extraversion means to solidify one's ego by tightening one's identification with an expansive and outgoing external *Lebenswelt*. If one type of lifeworld turns out to be excessively threatening to man's quest for subjectivity, the individual may turn experimentally to other kinds of world. If an extraverted world is extraordinarily frustrating, then the individual might resort to a new world, one that is introverted, self-centered and self-sufficient because it is self-created. Man can affirm his ego, assert himself and thus attain a sense of subjectivity, in a variety of worlds. These worlds are, in great measure, subject to his free choice. Tillich has used the term "courage" for this sense of enhanced subjectivity through the redoubtable assertion of will, and he has given it an interesting ontological interpretation.

### Further Examples of Subjectivity

A quick analysis of the phenomenologically described syndrome to which the terms "success" and "competition" refer will further exemplify and thus help to clarify the sense of subjectivity. It is not essential to call attention to specific phenomenological nuances. It suffices to point to the fact that whether success is mine or that of someone else (we must note that both experiences go under the same name) is indeed a matter of grave concern and of momentous magnitude to me. The difference in the experiential syndrome of these two experiences cannot be overstressed; and in the full phenomenological exploration of that difference we will find the sense of subjectivity.

The situation is similar with competition. Suppose I run a restaurant, my neighbor owns a shoestore, and between us is an empty store for rent. If another shoestore opens between us, I will say such things as, "I feel sorry for my neighbor," "Such a business cannot succeed," "This move shows poor business sense," and "I am glad it was a shoestore and not a restaurant!" I will then continue to mind and tend my own business. However, if the empty store should become occupied by another restaurant, I may well develop strong surges of anxiety and anger. Whereas the previous instance caused merely a passing ripple in my *Lebenswelt*, the latter one has shaken that world to its very foundations. My reaction to the shoestore is of an "objective" and "factual" sort; whereas my response to the restaurant is strictly "subjective." In comparing the objective and subjective experiential referents of the terms "success" and "competition", we notice two things. First of all, the same term applies to the objective and the subjective states indifferently. And second, the difference between the objective and the subjective experience referred to is not merely quantitative. The difference is not one of

intensity but of quality. It is indeed difficult to pinpoint that qualitative difference with precision; however, that difference is the sense of subjectivity. That qualitative difference can be isolated, if in no other way, at least by examples. Pinpointing in this way is an essential ethical and psychotherapeutic tool to achieve meaning in life.

### Subjectivity and the General Properties of Experience

Phenomenology is an epistemological technique which emphasizes the importance of the *presuppositionless* descriptions of experience. In order to attain the most accurate knowledge possible of experience we must permit experience to speak to us and to present itself to us without the slightest alterations on our part. This program of isolating the purely *given* aspect of experience has certain *a priori* difficulties. First, everything is given in experience. The phenomenological *epoche* thus does not seem to isolate any single, that is, purely given, area or aspect of experience. The given cannot be defined because it encompasses everything. The given cannot be delimited by definition since all that is outside its limit is also, in a sense, given in experience. Whatever the *epoche* might isolate, it is not that which has the ontological primacy that is ascribed to pure givenness. Second, experience is protean. The theory of the given implies that there exist static cores or anchor points in experience. These, like the fixed stars, are the cornerstones of reality. They are the inflexible points on which our interpretations of reality hang. The trouble with these anchor points is that either they do not exist, or, whenever they do, they are not unequivocally defined by the criterion of givenness. Since this paper is in part the phenomenological analysis of the given in experience, to the extent that the given is the experience-of-feeling-human-in-the-world, it is necessary to ask the question (as in Kant's transcendental method), "What must be the nature of experience so as to make its analysis possible?" The subsequent account of the protean traits of experience accentuates four properties. Experience is hermeneutic, which means that it manifests itself in layers of ontological and axiological priority. Experience is generative, which means that experience is not merely found, but that we can and do bring about novel experiences. Experience is heretic, which means that we are more or less free to interpret experience as it presents itself to us; conceptions of reality are subjective constructs. Finally, experience is homeostatic, which makes reference to a kind of circularity in our theories about experience: experience is modified by theories held about it, or by languages used to express it.

The analysis of subjectivity must not neglect its relation to the above protean properties of experience. By examining

subjectivity in the light of these properties, that sense can be more clearly understood.

The examination of the sense of subjectivity in relation to the hermeneutic property of experience brings out that sense with particular lucidity. There is an apparent contradiction in the assertion that the sense of subjectivity is a pervasive trait of the experience of feeling human. The enhanced awareness of one's subjectivity is part of the spectrum of authentic existence and may be the goal of psychotherapy, but precisely because subjectivity is a goal it cannot at the same time be a ubiquitous fact of experience. If the sense of subjectivity were indeed as pervasive as all that, then philosophy and psychotherapy would be altogether gratuitous undertakings. The answer that must be given, and for the sake of which the hermeneutic character of experience must be invoked, is that our experience is always structured with the sense of subjectivity at its core. But just as we may look without perceiving — and later realize that the object of our perception was present all the while — so all our experience has subjectivity at its core without our always realizing it. We must thus distinguish realized from unrealized subjectivity. I am a subject, always, whether I consciously focus on that aspect of experience or not. I may not be aware of my subjectivity at any one particular moment, but upon reflection it is always fully clear that subjectivity, the ineffable sense that I am I, is as much part of that moment as it is of any other.

Let us assume that a particular slice of experience,  $E_1$ , is completely bereft of any sense of subjectivity. That experience could be one which *prima facie* is wholly unrelated to the axiological or epistemological problem of subjectivity, such as would be testing out a hypothesis in physics. The experience in question also could be a severe feeling of inferiority, in which the individual leaves himself out of account altogether. If we now bracket  $E_1$  through a phenomenological epoche, we discover that as it first appears it is devoid of any traces of the sense of subjectivity. It is not part of that experience to contain in it any clear awareness of the meaning of subjectivity. However, if we engage in further phenomenological reductions, the sense of subjectivity appears as do the outlines of a picture on a film that is being developed. The deeper and fuller account of the experience of testing a hypothesis in physics discloses that the hypothesis, the experimental data, and the deductive relationships are had and seen by a subject and from the particular perspective of the ego. Husserl has named the reduction which leads to the discovery of the sense of subjectivity in all experiences the "transcendental reduction." Moreover, when the epoche is directed to the severe feeling of inferiority, that feeling appears first as one completely lacking any sense of subjectivity. It is this lack which makes the experience neurotic. Further



reductions and subsequent investigation of that experience of the "ego-less" disclose that the elimination of the ego from experience is in reality an act of that same ego. The ego has in fact committed itself to be a type of person which makes a strenuous and concerted effort to exclude any awareness of his own ego from consciousness. The rediscovery of the ego in experience appears as a catharsis and manifests itself in a feeling of rejuvenation. It is with a sigh of relief and a ray of hope that the sense of subjectivity gradually emerges from its hiding place in the experience of inferiority. In a sense, the transcendental reduction — which is the hermeneutic discovery that the sense of subjectivity underlies all experience, the frequent absence of egoity notwithstanding — is a psychotherapeutic technique.

The disclosure of traits of experience such as the foregoing, central to psychotherapy, are possible only in the light of the hermeneutic character of experience. Experience possesses deeper meanings, and these can be discovered and interpreted by the careful and sensitive utilization of repeated phenomenological reductions. Although the sense of individuality and subjectivity is often absent in current experience, the proper investigation will disclose that this sense is present as an unconscious and as an ineradicable fact. The discovery of such a fact gives strength and hope to any person.

The other protean properties of experience are equally relevant, but brief mention of these should suffice to satisfy the present purposes. Let us examine the generative character of experience. To recognize the sense of subjectivity may lead to complete transformation in the life of the person experiencing it. That transformation might be the goal of life, or it may be the goal of therapy. However, the possibility of such transformation is not a mere inflexible datum, but it is a *creation* of the ego. The new tone of life that comes with an enhanced sense of subjectivity is therefore, and in a real sense, a creation of the ego. I am fully responsible for the level of awareness that I have of my own subjectivity. Experience is thus not only what we *find*, but also what we *create* or *make*. To realize that experience has the capability of being generated gives the ego an unequalled sense of subjectivity. To recognize the generative character of experience carries with it a dual insight of value in the development of personality. It is most salutary to know that the power to create the quality of experience that gives meaning to life is mine alone. If I know I have this power, I am very likely willing and ready to avail myself of it. But also, the knowledge itself of that power stirs within me the awareness that I am a subject, and thus produces the dignity, self-reliance, and security that go with the sense of subjectivity.

The heretical character of experience emphasizes the fact that my general conception of life is my free choice. For example,

it is my free choice to wish to reorganize my total conception of Being in such a way that the sense of subjectivity occupies a prominent place. The ultimate warrant for such a world-view is, once more, my own free commitment. Realizing that experience is heretical places the ego at the center of metaphysical conceptions of reality.<sup>2</sup> This feeling of centrality, when fully understood, leads likewise to a strong sense of subjectivity. The insight about the heretical nature of experience produces a sense of health, strength, power, dignity, responsibility, awe, security and anxiety. These feelings are the constituents of the sense of subjectivity.

Finally, the homeostatic character of experience is only partially relevant to the foregoing considerations. This character of experience interferes with the quest for precision and for absolutes. However, a corollary of homeostasis is the same sense of responsibility and correlative individuality that follows from the heretical character of experience. To know that experience reaches new levels of equilibrium with the injection of theories about it gives the ego the sense that it partially controls the structure of its experience. This control solidifies the sense of subjectivity. However, the main application of the principle of homeostasis is in epistemology and not in the area of values.<sup>3</sup>

By thus examining the relationship between the sense of subjectivity and the protean traits of experience in general, we can achieve a heightened sense of subjectivity because we realize that the ego plays a central role in creating the very structure of experience itself. The sense of subjectivity thus engendered and developed has significance in numerous areas of human endeavor. In the region of values, such insight is a necessary condition for leading a meaningful life. The sense of subjectivity is one of the goals of therapy; through it many other problems can be met. Finally, the sense of subjectivity has ontological import, in that it provides us with a major insight into the structure of reality and our way of knowing.

<sup>2</sup>) For a more specific analysis of the heretical character of experience see my article, "The Phenomenology of Metaphysics: The Nature of Philosophical Differences," *Philosophy and Phenomenological Research*, Vol. XIX, No. II, December 1958, pp. 183-197.

<sup>3</sup>) For a further discussion of homeostasis see my article "Existential Psychiatry, Logical Positivism, and Phenomenology" in the *Journal of Existential Psychiatry*, Winter-Spring 1961, especially pages 408-410.

## INTER-PERSONAL COMMUNICATION

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I should like to pose a problem which has both theoretical and practical implications in the hope that others may be prompted to confront it in the light of their own reflections. Although I shall approach it from a predominantly philosophical perspective, the problem itself is *concrete* and *everyday*, presenting itself in almost every phase of human life. I am by no means confident of my ability either to state the problem adequately or to resolve it. In fact, the most important consideration of all may well lie in the *statement* of the question. The possibility that it may be considered from multiple perspectives holds promise for a precise understanding and eventual clarification of the problem involved.

### The Problem

The problem, which is at least as old as Kant in explicit formulation, may be stated quite simply as follows: given the fact that we appear both to ourselves and others in two modes, namely as subject and object, how can these modes be either synthesized or integrated so as to avoid a perpetual disintegration in our understanding of the self? In one form the question is: how, if at all, can we succeed in translating our *objective* understanding of a person into terms that are adequate to his reality as a *subject*? Kant, as is well known, despaired of the possibility of obtaining an adequate translation. We are, thus, from his point of view condemned to alternating our perspectives from the *phenomenal* to the *noumenal*. Science is, he argued, necessarily committed to the *objective* and, hence, *phenomenal* perspective. As a result, it can never deal with the person *qua* person. Some psychologists and social scientists forget this and, hence, carry out an illicit *reduction* of the total personality to its objective and observable elements. For them, the problem of the subject/object dichotomy simply does not exist. Nor, so far as I can tell, did it exist for Freud. He seems to have believed that there is only one valid perspective on human behaviour, the scientific. Although recognition of the problem is implicit in much of Freud's writings, he never, so far as I am aware, regarded it as constituting a serious theoretical or practical difficulty. To the extent that this is true of Freud, his conception of science is pre-Kantian. The converse of this form of the question is, of course, how we can achieve a translation of a *noumenal* comprehension of the self into objective terms. The problem is equally difficult in either formulation.

It is evident, I think, that if one countenances a radical *dichotomy* between the self as objectively known and non-objectively intuited or conceived, one's theoretical or scientific knowledge has little or no *relevance* for one's direct and personal relation to other subjects — or even to oneself. One is then in the embarrassing predicament of analyzing behaviour, whether one's own or that of another person makes little difference, *causally* or statistically and, at the same time, as the outcome of conscious *purposes*. If such a view is followed without qualification we find ourselves in a situation where the right hand literally does not know what the left hand does. This poses a problem not only for epistemology and metaphysics, but, also, for ethics, psychology, and psychiatry.

### Phenomenology and the Problem

I do not wish to attempt a sketch of the historical development of this problem — which is complex and highly interesting. I shall move as rapidly as possible to the issue as it appears within the context of contemporary discussion. Phenomenology as a philosophical method undertakes to resolve this problem by challenging the assumptions on which it is predicated. Both the subject and the object as they appear within the Kantian philosophy are artificial constructs — so it is sometimes argued. If we begin with the subject as we find him living within the world, it is unnecessary to credit any such *bifurcation* of the self. It is by no means certain, however, that the problem can be altogether avoided in this fashion. In altered form the old problem of the subjective and objective modes tends to reassert itself, e.g. in the thought both of Heidegger and Sartre. As phenomenology no longer attempted to bracket existence, it was forced to introduce in modified form some of the earlier modalities, e.g. of the *en soi*, *pour soi*, etc.. In his own metaphysics Sartre returned to what are essentially Hegelian categories for his analysis of self-existence. And, in a novel form, the problem of the subject-object dichotomy reasserts itself with a vengeance in Sartre's writings.

Without appeal to any particular philosophical formulation, allow me to present the problem in more or less phenomenological terms. As I indicated earlier, a great deal must depend upon our initial delineation of the problem. It is, I would grant, possible to create a pseudo-problem by misdescribing the factual situation.

Let us take, first, a quite everyday case of a parent-child encounter. Suppose, for example, that a child is confronted with a choice between a relatively safe and easy pursuit and one involving considerable risk and calling for exceptional courage. The parent might, in this case, talk with the child strictly as person to person, attempting to present as clear a picture as possible of the alternatives. He might, in addition, *recommend*

the alternative which the parent regards as most desirable, giving reasons for his recommendations. This would be a highly *direct* mode of person to person communication. But the parent might, on the other hand, elect to follow quite a different course. Recognizing the kind of problem that is facing the youngster and the risks involved, the parent might attempt to *influence* him by *indirect* means. He might, for example, recommend the easy choice, presenting it in the most seductive fashion possible while, at the same time, presenting the risky alternative as threatening and unpromising. His motivation might be, let us assume, thus to provoke the child to a *free decision* in favor of the more hazardous alternative. I wonder if any parent or teacher has failed to employ this device of *indirect communication* at one time or another? And, if so, with what justification?

If this case be accepted as at all typical of ordinary life, it seems to represent a case where we not only communicate indirectly with other persons — a procedure which Kierkegaard sanctioned as the only satisfactory mode of interpersonal communication, but where we *conceal* our true thoughts and treat the other person more or less as an *object*. Though far more subtle, such an attempt to influence another person is essentially like the use of direct persuasion. The difference is that the indirect method makes explicit allowance for the *freedom* of the other person. At issue here is whether such indirect communication in which we conceal our intentions in the attempt to influence the behaviour of another person can be avoided and, if not avoidable, can be morally justified? For our purposes it is the former question which is most important. If indirect communication which exploits the subject-object dichotomy is *avoidable*, the moral problem may not arise. Although it has the advantage of acknowledging the freedom of the other person, the method of indirect communication has the dubious merit of insinuating its objectives and, thus, of *discounting* the freedom which it credits.

Or, let us take another and more specialized case, namely that of patient and therapist. Let us assume that it is a case of a neurotic patient who comes to the clinician with symptoms of depression which he neither understands nor can cope with. This is, I take it, a common enough situation. If we are to describe the situation, we must note the not unimportant fact that the patient comes as a *patient* and, so it would seem, as an *object* for treatment. This does not mean, of course, that the patient puts his subjectivity aside and parks it in the anteroom. Not at all! Nonetheless, it is as a *patient* that he comes to the therapist. The question (and I hope for enlightenment on this point) is what it means for him to constitute himself as a *patient*? Is he not thereby and necessarily constituted both to himself and the therapist in what must be described as an

*objective mode*? And, we may ask further, does the therapist not regard him *objectively* in accepting him as a patient? Granted that therapist and patient are both persons and, hence, are necessarily related as person to person (such that they may discuss the weather, be attracted to one another, etc..), is not the relation of therapist-patient defined and understood as *essentially* objective? To make my question more pointed, is not the therapist committed to regard the patient from a rather aseptic *clinical* point of view? Is it not important that both patient and therapist *accept* the clinical context as determinative of their relationship for the duration of treatment? And what shall we do with the term "treatment" itself? Is it not a clinical term which derives its meaning from the specially defined objective situation? In fact, is a natural reluctance to regard oneself and be regarded as a patient not a difficulty for many persons in need of clinical assistance? Does the possibility of effective therapy depend in any way and to any degree upon the willingness of the patient to adopt this role for himself?

### Bad Faith and Freudian Psychoanalysis

I gather that the Freudian psychoanalyst has no hesitation in so regarding the patient. He looks upon himself as a *physician* who performs a carefully circumscribed function with respect to the patient. He exerts considerable care to establish and sustain what I have termed an *aseptic* context for treatment. He not only regards the patient as an object, subject to genetic-causal processes, but to some degree at least, looks upon himself as an interacting object in the clinical situation. This is, I take it, especially true with respect to the crucial transference effect. Successful therapy depends upon the development of a pattern of interaction which follows a predictable course. It is still true, of course, that the analyst transcends his objectively determined role — must transcend it, in fact, in order to remain sufficiently detached and "objective", and, further, that he must contend with the tactics of his patient at *dissemblance*. It would thus appear that, as orthodoxly conceived, the therapeutic situation requires and is carried out by the aid of what Sartre terms "bad faith", namely the exploitation of the subject-object dichotomy. If a cure takes place, it is regarded as largely if not exclusively a *natural* cure, a return of the organism to a healthy functioning.

If what Sartre terms "bad faith" is involved in orthodox psychoanalysis, it manifests itself in the form of a carefully chosen procedure. The analyst knows that he must hold himself in a clinical frame of mind in order to deal with his patient objectively and scientifically. He does this by holding his own subjectivity, his impulses, emotions, and personal responses, in check. Aware that he inevitably reacts to his patient as one concrete person to another so that he may, for example, be

inclined to dislike him because he reminds the analyst of someone else, he discounts and compensates for such feelings. Although it cannot be eradicated, the personal factor must be kept under the most careful *control*. In so far as the effort is made to *discount* subjectivity, acknowledgment is made of the ineradicable personal factor and, thus, of the subject-object dichotomy. The therapist knows that he cannot make of himself a mere object, functioning in accordance with rational techniques; he does the next best thing, namely he exploits the subjective factor for the sake of objectivity. He analyzes himself as well as the patient and thus discounts his own transcendence. The fact that he may like or dislike the patient, be prompted to castigate him and send him on his way, is not repressed but *sublimated*. It is difficult to believe, however, that even the most conscientious and well disciplined analyst can altogether avoid indulging some of his purely personal and idiosyncratic feelings toward his patients. All he can hope for, I should think, would be to render them *irrelevant* to the clinical relationship. And, if he does that, he inevitably preserves the *tension* between himself as subject and therapist as, also between the patient as object and person. There is, in other words, a certain deliberate *de-personalization* both of patient and therapist which is deliberately undertaken as an essential condition of successful therapy.

The very nature of the procedure in orthodox analysis has prompted some critics to claim that successful therapy results in the depersonalization of the patient. The very assumptions on which therapy is predicated, so the objection urges, dictates the unfortunate outcome in which the patient, like the therapist, is basically *alienated* from himself. (It would be appropriate in this respect to look upon the analyst as an "alienist".) He is self-alienated in the sense that he comes to hold many of his innermost feelings in *detachment* from his newly acquired integration. He learns to sublimate rather than to repress, to express his immediate desires and impulses in such a way as not to *affect* his primary objectives. In other words, he comes to regard his own life from a *clinical perspective* and can, thus, do for himself what was originally accomplished only through conversations with the therapist. Such an individual has not, as the result of treatment, succeeded in *integrating* his subjectivity with his objective existence but has only *disengaged* it — as if he had learned to employ a psychic "clutch". He disengages in the same way that the analyst disengages in treating him. And he disengages not only with respect to himself, but also, other persons. He has, as it were, taken the steam out of his primitive urges, his raw freedom; he has them under rational control so as to be able to avoid destructive conflict. Note, however, that destructive conflict has been eliminated at the price of removing the *possibility* of conflict altogether. By the

same operation the possibility of *productive* conflict is also removed. It is the latter consequence which gives rise to the objection.

It should be pointed out, in passing, that the orthodox conception of therapy is not unlike that of the prevailing view of other branches of medicine. Indeed, it doubtless derives in large part from the analogy with physical medicine. The patient facing an operation wants the physician to be as objective and scientific as possible, to allow no consideration whatever to hamper the strictest adherence to the optimum medical techniques. He wants to be treated merely as a *body* and to receive physical therapy. He is somewhat reassured if drugs are employed and if he can believe that the cure will follow inexorable laws of nature. (He still hopes, of course, that the physician has a high regard for human life, has the greatest personal integrity, etc.. To that extent he views the situation from opposed and seemingly incompatible perspectives. It is interesting that the patient often tries desperately to get the physician to become interested in him as a person at the very time that he seeks to be considered only as a body to be treated in a completely impersonal way.)

In stating the above objection to Freudian therapy I have not meant to suggest that it is valid. (See my review of *Existence* in *The Review of Metaphysics*, September, 1959 for a fuller discussion of this point.) If Freudian analysis is faced with the problem of the subject-object dichotomy and, hence, of "bad faith", at least it recognizes the problem. It makes deliberate use of the two perspectives on oneself and others for the sake of clinical treatment. The question at issue is whether the deliberate *disengagement* of the subjective and objective poles of the self is either *justified* or *necessitated* by the clinical situation? Orthodox analysts would doubtless insist that it is both necessary and justifiable and, to support their case, they might appeal to the Kantian tradition in philosophy. They might even gain some support from Kierkegaard and Heidegger — though by no means decisive support from either of them. Leaving orthodox analysis aside, for the moment, let us consider another way of viewing the situation.

### Is the Subject-Object Dichotomy Inevitable?

The existential psychoanalysts would, I take it, argue that the basic assumptions of orthodox analysis are neither necessary nor justified in terms of therapeutic results. Some, at least, of those sympathetic with existential analysis would, I am sure, agree with the charge that Freudian analysis tends to depersonalize the individual and, hence, offers an unsatisfactory "cure". In any case this is, I believe, an important if not the basic issue between orthodox and existential analysis. (It may, of course, be at issue between other schools of analysis.) We might, then,



reformulate and sharpen our original question in this form: is it possible to define the clinical situation without appeal to the subject-object dichotomy, that is, without constituting the patient and therapist in carefully defined and delimited *roles*? Further, is it possible to avoid the result of depersonalization and alienation by denying, both initially and throughout treatment, the duality?

The clinical situation apart, there seems to be good evidence that in ordinary human relations we cannot avoid the subject/object dichotomy. It seems that I inevitably objectify the other person so as to predict his behaviour and accommodate myself to him. A husband, for example, brings his wife flowers in the expectation that she will be pleased, thus appealing to his knowledge of her feelings. Or, one reflects upon one's own behaviour, looking for adequate causal explanation. Whether or not one initially looks upon oneself as an object, other people clearly establish us in that position. I say that it is *inevitable* that we objectify the other person for the reason that we attempt to know him and *understand* his behaviour. Moreover, he objectifies himself or, at least contributes material for our objectification of him in what he presents to us. He is at one and the same time, a subject-in-himself and a being-for-us. These two modes are not strictly identical. It is naive to assume ever that any person is *simply* what he appears to be. Human relations are fantastically interesting — if, at the same time exceedingly trying — for precisely this reason. No view of man can hope to be adequate which does not begin with the recognition of the complex modalities of inter-personal existence.

Without elaborating the categories involved, we may note that the individual inevitably exists in the following modes: a) as a being-in-himself (his initial freedom and potentialities); b) as a being-for-others (as presented to and interpreted by other persons); c) as a subject-in-and-for himself (as comprehending and relating his reflexivity to his relation to others). Man is essentially *spirit* and spirit is, as Kierkegaard states it in rather Hegelian language, a "relation which relates itself to itself". *Never is the self a simply unity*. From first to last it is permeated and constituted by *negativity* and *alienation*. It is for precisely this reason, that, again in Kierkegaard's language, "there is no immediate health of spirit". I cannot here develop the philosophical issues involved in the suggested view of the self. I mean only to reiterate a thesis that is, in one form or another, espoused by all of the existentialist philosophers, namely that man is a *dialectical* unity. This view of man I take to be thoroughly supported by the tradition from Kant to Kierkegaard.

### Implications for the Clinical Situation

If this schema may be accepted, we are in a position to ask

about its implications for the clinical situation. In the first place, it would follow from a dialectical conception of man that there can be no *simple* and *immediate* integration of perspectives. Moreover, it would be naive, from this point of view, to expect that there can ever be a person to person encounter which does not involve the modalities suggested above. In other words there are always present in any human communication *tensions* which derive from these modalities, tensions which both make communication possible in the first place and, yet, which constantly threaten to annihilate it. Jaspers has, I think, analyzed these factors admirably in his discussion of the modes of communication. We communicate with one another on a variety of levels and in a variety of modes — and all at once! To refer once again to the clinical situation, there is no possibility that patient and therapist can confront one another in a simple and direct communication. To this extent, at least, the traditional concept of the patient and therapist as playing specially defined roles cannot be abandoned. The patient is a patient who may worry about the fee, wonder about the therapist's intelligence, skill, etc. To *pretend* for the moment that the patient is not a patient is surely as acute a form of "bad faith" as to believe that he is *only* a patient and nothing more. In this respect the situation is exactly similar to the relation of employer-employee. Their relation is *false* to the degree that either of them pretends — for it can only be pretension — that they are in all respects equal. The patient, I presume, expects special knowledge and skills of his therapist. In this respect he makes an objective judgment as to the therapist's competence. There is, in other words, no way of eliminating the bothersome term "treatment" without, at the same time, eliminating an essential element in "therapy". To that extent there is, we must admit, an inevitable and essential *de-personalization* on both sides.

The existential analyst cannot, then, expect to *avoid* the problem of roles, with its accompanying risk of "bad faith" and depersonalization. He must accept the terms of the particular dialectic constituted by the therapeutic situation itself. He is both trained and skilled clinician, professionally dedicated to the treatment of special human problems, and a concretely existing subject. The patient, too, plays the double role of patient/subject. It represents a special determination of the complex dialectic involved in all human relations. Predicated on a deliberate dichotomization of the self by both parties, it holds all the risks of frustration and alienation involved in human intercourse generally. (For a discussion of the ethical aspects of the problem, see my article on "Ethik und mauvaise foi" in *Kantstudien*, Sept., 1960.)

## Resolution Offered by Existential Analysis

What, then, are the prospects for dealing with this complexity in such a way as to avoid alienation and depersonalization? That is, I take it, a major concern of the existential analyst. We might profit, at this point, from use of Heidegger's distinction between the ontic and the ontological perspectives. Translating what has been said above into a Heideggerian idiom, we might observe that both therapist and patient are *ontically* determined as functioning within a specific worldly context. Authenticity, so Heidegger suggests, depends upon a *transformation* of the ontic situation. So it is, perhaps, with the clinical situation. It may be that both patient and therapist must find a way of expressing their respective individualities through an *ontically* determined situation. If so, they do not and cannot cancel out or abolish the ontic dimension; they can, however, *appropriate* it in such a way as to give it *essential* meaning for themselves. The task, then, would be precisely the opposite of the orthodox procedure which we considered earlier, namely the dis-engagement of the subjective (ontological) from the objective (ontic). Whereas the latter procedure depersonalizes by rendering the subjective and intimately personal factor *irrelevant*, the former (existential) endeavour is to make it *crucially relevant*. The problem is, thus, much the same for orthodox and existential analysis, though the initial assumptions and the resolution of the problem are radically different. Whereas orthodox analysis tends to deal with the intrinsic problem of "bad faith" by *neutralizing* it, that is by *anesthetizing* the connection between conflicting terms, the existential analyst is committed to exploit it so as to make the conflict *productive* rather than destructive. The patient would, thus, be required to establish an *essential personal connection* between his role as an individual subject and as patient and, similarly, the therapist would be required to integrate his role as clinician and as transcending person. But, we should hasten to add, never in such a way as to achieve a *fusion* of roles. The patient cannot obliterate his role as patient anymore than the employee can cancel out his status as employee. These objective (ontic) determinations remain as contents for a decisive personal integration. The resulting integration is not *simple* but complex and dialectical; it does not *eliminate* tension and conflict, but employs them as *constitutive principles*.

I have presumed to discuss the clinical situation — in admittedly sketchy terms — only because I regard it as of necessity a special case of a more general problem of human communication. I have sought more to define a problem than to resolve it; the direction which must be taken is, I think, reasonably clear. Stated in the most general terms, it means that *human roles* must be accepted as fundamental and inevitable rather than avoidable. And, further, that they must be *integrated* rather than

*disengaged*. The danger is, always, that one will either disengage them, or identify with one of the roles to the exclusion of the other. This is the way of cynicism and extreme "bad faith". The task is not an easy one, but it can, I am confident, be met, both in ordinary life and in the clinical situation. It is, however, a complex dialectical problem which can be resolved only through skill and a measure of indirection. *Communication may ultimately be direct, but only via the appropriation and transformation of highly indirect discourse.*

## RADICAL METAPHOR, AESTHETIC AND THE ORIGIN OF LANGUAGE\*

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In spelling out the title of my paper, and hopefully giving it some substance, I shall first try to specify, abstractly, what I intend by the terms comprising the title; I shall then follow these abstract considerations with a brief sketch of some concrete experimental work.

### Radical Metaphor

First, *radical metaphor*. On certain aspects of metaphoric activity, and of its product, metaphor, we would all probably agree. Yet such general and vague agreement would hide, as it has in psychology and elsewhere, fundamental differences as to the essential nature of metaphoric activity, the range and depth of such activity, and the role of such activity in cognition.

There are some who maintain that the use of metaphor in cognition always indicates "sloppy thinking"; metaphor is a consequence of an incapacity to abstract completely, a result of a laziness of thought or expression. For this group, metaphoric activity is the antithesis and the bane of what they take to be cognitive activity. It is the eccentric deployment of a label from one object on which it is properly affixed to another object on which it does not properly belong at all. It leads to an identification of objects which are essentially — in reality, objectively — dissimilar.

In contradistinction to this first group, there is a second, which holds that metaphoric activity is an essential ingredient in at least some phases of cognition. We *must* use metaphors if we are to grasp general considerations of a novel or unfamiliar character. For this group, metaphoric activity enables us to bring within the web of cognition experiences which we would, otherwise, be unable to seize and comprehend; at the very least, it enables us to *talk* about experiences which lack a local habitation and a name.

Finally there is a third group. This group maintains that, if we grasped both the nature of metaphoric activity and the

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nature of thought, *au fond*, we would see that metaphoric activity is deeply involved in all phases of human cognition. We must use metaphoric activity if we are to think at all. Without metaphoric activity, there can be no representation, and representation — of one kind or another — is essential to human cognition.

What underlies these strikingly divergent evaluations of metaphoric activity? It seems to me that the low evaluation is ultimately rooted in a naive, copy theory of perception ("our diaphanous minds directly mirror the external world"), an identical-elements theory of concept formation ("we form concepts by abstracting identical elements from a number of objects or their imaged facsimiles"), and a label theory of language ("sounds become names through the reinforcement of contiguity relationships between sounds and objects or sounds and concepts"). Since for this view — if consistently maintained, as it rarely is — percepts and concepts are passively established, independent of the labelling, the label is merely a device to tag the object or concept, and perhaps to talk about objects and concepts to others. Were we to use sounds conventionally associated with one object in referring to a different object, we would be perpetrating rank confusion — much as one might perpetrate confusion in a rat by using a sound long associated with food as a signal for shock.

The intermediate and, to a greater degree, the high evaluations of metaphoric activity are, on the other hand, rooted in organismic theories of perception ("we shape the objects of our perceptual world through our intentions, our actions and our cognitive operations"), organismic theories of concept formation ("we posit, construct, develop and organize concepts as means of bringing coherence and order into our lived-through experiences"), and in organismic theories of symbolic activity ("symbolic activity is essential to the formation of our objects as *known*, and to the establishment of our concepts").

Now, it is the group which gives the highest evaluation to metaphoric activity that has introduced the concept of "radical metaphor" or, more exactly, of "radical metaphORIZING". Radical metaphORIZING refers to the process of taking any lived-through or enjoyed experience, and expressing or representing that experience in a medium which is — at least in our highly differentiated, adult, pragmatic-technical world — completely foreign to that experience. In the words of Ernst Cassirer, from whom I have borrowed the phrase and the concept of "radical metaphor" — "genuine radical metaphor... is the condition of the very formulation of mythic as well as verbal conceptions. Indeed even the most primitive verbal utterance requires a transmutation of a certain cognitive or emotive experience into sound, i.e., into a medium that is foreign to the experience and even quite disparate".

## Aesthetic

And now, *Aesthetic*. Our quick journey through the realm of Metaphor has shown us that there are some conflicting factions in that realm: certain groups, supporting the privileges of the presumably pristine and virginal objects of perception; other groups questioning the legitimacy and permanence of these privileges. Once, however, that we enter the domain of Aesthetic, the realm of metaphor will appear relatively monolithic. Among the contentious groups in the domain of Aesthetic, there is little agreement even as to the geographical limits of the territory, and almost none at all as to the constitution or the population. Since there is time for but the briefest tour through this territory, the exaggerations of my quick overview shall, I hope, be excused. Were it not the custom here for everyone to draw his map from his own closet, I would even beg your indulgence for my particular brand of cartography. In any case, following, in part, Benedetto Croce, I shall provisionally circumscribe the domain of Aesthetic as that of "the expressive or... imaginative activity". It is the activity by means of which one intuits the character or physiognomy of one's lived-through experiences, transforming them — in terms of John Dewey's apt distinction — from experiences *had* to experiences *known*. This characterization of Aesthetic may suffice to provide a first mapping of the territory.

Now, although it will be unjust to the richness and complexity of Aesthetic, it is possible to distinguish three major groups there comparable to the three factions we have delineated in the realm of Metaphor. There is, first, one extreme group that would limit aesthetic activity to a duplication of everyday perception. Usually obsessed by "scientism", and invariably convinced of "the dogma of immaculate perception", this group conceives of imaginative activity on the model of a mirror. With their unreflective certainty that their everyday perception brings them into direct and untrammelled contact with the Real world, they regard any apprehension which culminates in another view of objects and relations as a distortion or as a manifestation of pathology: a disease of the heart, at best; at worst, a disease of the mind.

Second, there are those who occupy a position analogous to the intermediate group in the realm of Metaphor. Here no fetish is made of perceptually-given fact, and the task of the imagination is not to reduplicate such "data". This group does, however, have a fixed world of concepts or ideal notions which they hope to see realized in concrete, sensuous actuality. They take aesthetic as the tangible expression of ideal concepts, the employment of imagination to embody in particular configurations of sounds, colors, lines, movements, etc., clear cut and fully grasped universals — existent in the mind prior to their sensuous embodiment.

And finally, there is the other extreme group — who identify Aesthetic with what we may playfully term “radical aesthetic activity”. For this group, aesthetic apprehension, aesthetic creation is the imaginative realization of some lived-through, had, experience, which would — save for aesthetic activity — resist objectification and realization, resist cognition. For this group, aesthetic activity is the mother of knowledge and thought, the Icon which gives birth to the Idea. As elsewhere, the infant is initially fused with the parent, and remains to some degree psychically tied, even where it gains distance and relative independence. Aesthetic is here the pure activity of object-formation. It is, to use Hegel’s pregnant formula, the activity of object-formation, *in and for itself*. It is thus, for some the constant promise, for others the constant threat, of a radical challenge to the status-quo, pragmatic-technical articulations of experience. It will be obvious to you that I see a close affinity between metaphoric activity and aesthetic activity. They are, for me, intimately related and, as I shall try subsequently to show, their close cooperation is necessary for the origin of language.

### The Origin of Language

And now I come to this last part of my title, *The Origin of Language*. Although it may occasion some surprise, the problem of the origin of language is not at all the same as the problem of the origin of languages. The belief that these two problems are identical has led many to expect that the problem of the origin of language, if it is to be dealt with at all, must fall under the jurisdiction of the linguist or philologist. Yet linguists, in general, maintain that the problem of the origin of language is not a linguistic one at all.

The confusion, it seems to me, lurks in the plurisignificance of the two terms, “origin” and “language”. Let us initially consider the term “origin”. One meaning of this term is closely tied up with the questions, “Whence” and “Out of what?”; in questing for origins with this meaning in mind, one searches for the precursors of a phenomenon, or for the material constituents which enter into, but do not exhaust, a phenomenon. Although such an inquiry is perfectly legitimate and quite important, it too often leads those who carry it out to a reduction of the phenomenon in question to its precursors or its material constituents. When this occurs, we are bludgeoned with that sorry refrain, “it’s nothing but.” This refrain almost invariably reflects a confusion of the material and formal determinants of a phenomenon, or rather the reduction of the formal to the material: thus, there are some for whom all speech and all literature reduce to the words found in a dictionary; and others for whom syntax is a problem to be solved by studying paired-associates.



Another meaning of the term "origin" is closely tied up with the question, "When?"; in questing for origins with this meaning in mind, one searches for the first occurrence of some phenomenon, the first historical manifestation. Again, this is a legitimate object of inquiry, although I do not believe that it has much relevance to *psychological* inquiry. The final meaning of "origin", perhaps less familiar than the others, is more intimately tied up with the question, "How is it possible?" Here, the search for origins is a search for the conditions which constitute a phenomenon, which make it possible, wherever and whenever it occurs. It should be clear that I do not use the term "origin" in the sense of "when". I am interested primarily in the third-mentioned sense of origin, i.e., in the sense of "How is it possible?"; I am also concerned with the first mentioned sense of "origin", taken nonreductionistically, since I shall be dealing with the conditions for the possibility of only elementary forms of language activity.

And now we may consider "language", and some of the ambiguities and confusions surrounding that term. One confusion has already been alluded to, namely, that between language as activity and language as end-product. Another confusion derives from the multiple functions of language: thus, Ogden and Richards distinguish two general functions, the cognitive and emotive; Karl Bühler notes three fundamental functions — the self-expressive, the appeal and the representational; André Ombredane, in his volume on aphasia, mentions five basic functions — the affective, the playful, the practical, the representational and the dialectical. Still another ambiguity centers around the medium of language: is language restricted to vocalization and perhaps writing, or may one still speak of language when the vehicles are formed in other media?

The intertwining of these various confoundings leaves us with a complex and untidy knot. I will cut this Gordian knot in my own peculiar way. *I am interested in language as activity, in the function of representation, and without prejudice to the nature of the medium.*

The problem of the origin of language may then be stated as follows: "How is it possible for a vocal pattern, a graphic pattern, a bodily movement, a visual configuration, etc. to represent something which is, from our adult, pragmatic-technical point of view, of a totally different order?"

Having now explicated, in separate vignettes, what I intend by the terms of my title, I should like to present a brief synopsis, both as summary and preview. My basic aim is to show the constitutive roles of radical metaphoric activity and aesthetic activity in the origin of language. I maintain that aesthetic is *necessary* for language *qua* representational to originate. I also believe that such activity is *not sufficient*. The latter thesis I shall

briefly argue; the former I shall attempt to illustrate through experimentation.

Radical aesthetic activity, it will be recalled, is the giving of significant form to what is otherwise unbodied, formless. It is the activity of object-formation in and for itself, i.e., the formation of objects of contemplation, objects of knowledge, as opposed to the things of action which trigger or instigate instrumental response. Through such aesthetic activity, the sensuous flux is apprehended as more than a "something there" or a "that"; it is characterized, and thus has an inner form. Now such activity, as important as it is, would — in and of itself — leave us with a flatland, i.e., with a world of two dimensions, objects and kinds of objects. There is nothing in aesthetic *per se* which would provide that new dimension, allowing a relation of representation to hold between one object and another. A special act or intentionality is required for the emergence of this relation: and this act is radical metaphorizing. And now, in the time remaining, I should like to illustrate, in a very informal way, how aesthetic, i.e., imaginative, activity is utilized by radical metaphoric activity in the origin of language. I may remark that some of the studies mentioned here briefly and informally are given a more formal and detailed treatment in the forthcoming book by Heinz Werner and myself.

### Experimentation

I should like to start with an experiment that began as parlor entertainment. In his volume, *Art and illusion*, E. H. Gombrich proposed the following game: Let us construct a "primitive language", a language consisting of only two vocables, "ping" and "pong". Now, if one were to ask what each of these vocables conjures up for a hearer, one would get all kinds of responses, some based on redintegration, some on homophony, some on onomatopoeia, some on the basis of physiognomic or intuitive values of the sound patterns. Next let us put a more restricted task to the hearer; let us present him with two objects — or, since that might prove awkward in a parlor, with pictures of these objects or even their conventional names, e.g., an elephant and a mouse. Now which of the two vocables, "ping" or "pong", are we to take as representing the elephant and which the mouse? If one were to ask for a show of hands here, I have little doubt as to the outcome. The great majority would use "ping" to designate the mouse, and "pong" to designate the elephant. The consensus I am sure would be striking, perhaps even startling and disturbing: for after all, there has been no conventional stipulation, no contiguous pairing with reinforcement, no arbitrary assignment, and haven't we been told that these are the ways in which names arise?

Now, let us turn from Gombrich's parlor game to a well-

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known study, mentioned by Köhler in his book, *Gestalt psychology*. Subjects are presented with two visual configurations (See Figs. 1 a and b), and given the option of naming one of these configurations with the sound pattern "takete", and the other, with the sound pattern "maluma". Here again, were I to ask for a show of hands, there would be an overwhelming, and puzzling, consensus.

Unfortunately, and somewhat ironically, the consensus in both of these instances would probably be so marked, so striking, as to obscure a far more important and fundamental phenomenon. This basic phenomenon is hidden due to a characteristic which buries many important phenomena: it is so obvious and so

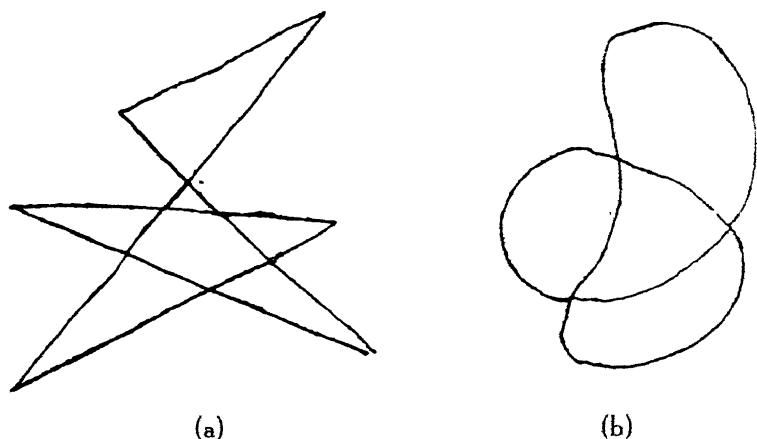


Fig. 1 Configurations used in Köhler's Experiment

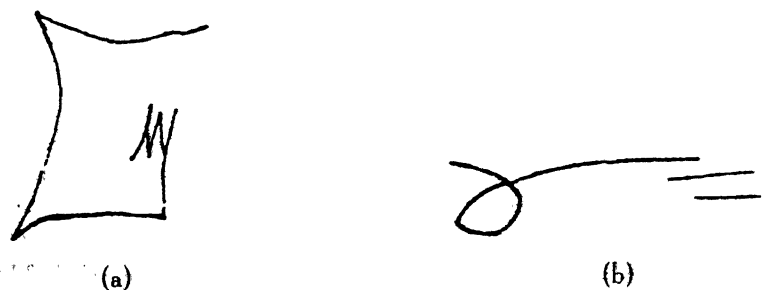


Fig. 2 Patterns used in Bodansky's Experiment

(about 1/8 size)

pervasive, and so familiar that we take it for granted, and have ceased to wonder at it, ceased to treat it as a problem. This basic problem is the following: "How is it possible that a sound pattern like "ping" or "pong" can be taken to represent either a mouse or an elephant, or anything else for that matter?" How is it possible that a sound pattern like "takete" or "maluma" can be taken to represent either one of the configurations or the other? You will observe that both of these questions are special forms of our more general question pertaining to the origin of language.

Permit me to cite one more illustration, along the same lines, but where the issue of consensus does not obtrude. This illustration comes from a preliminary study by the renowned linguist, Edward Sapir. Sapir presented a subject with a sound pattern "mila", with the understanding that this sound pattern referred to "brook"; he then varied vowels or consonants of this sound pattern and found that such variation evoked striking changes in meaning. For example, for one subject, *mila* was "smaller brook"; *mela* was "larger brook, nearer a river, swifter..."; and so on. The fundamental problem remains the same: Irrespective of the issue of consensus, "how is it possible that a change in a mere sensory element (a vowel or consonant) in a non-linguistic sound pattern can evoke changes in meaning, new significations?"

Before I go on to two of the experimental studies at Clark which have been directed towards this general issue, I should like to mention a profound observation by Ernst Cassirer, taken from Volume I of his *Philosophy of symbolic forms*: "In analyzing language, art, myth, our *first* problem is: "how can a finite and particular sensory content be made into the vehicle of a general spiritual 'meaning'?" Cassirer's suggestive answer to this logically primary problem is: "Through the manner in which it is contemplated, this simple sensory material takes on a new and varied life." "Through the manner in which the sensory material is contemplated..." This formula may perhaps point the way to the role of aesthetic imaginative activity in the origin of language. How is the sensory material contemplated when it is made into a vehicle for the expression of general spiritual meaning? I shall now turn to those previously mentioned investigations bearing on this question. In both of these studies the medium employed was that of expressive line patterns. For reasons which have been presented elsewhere, this and other non-verbal media have advantages over verbal or vocal media if one wishes to take a fresh and unencumbered look at the problem of how any pattern becomes a vehicle of representation; a descriptive name — the first step in truly human language.

In one study, conceived and executed by Margery Bodansky, subjects were presented alternately with each of two linear

configurations (shown in Figs. 2 a and b), and asked in one case to take a given line pattern to represent Modesty, in a second case, to represent Arrogance. She thus stipulated, for each pattern — on different occasions of course — that it was now the “name” for one of the conceptions, now the “name” for another, and contrary, conception. The analogy to the familiar stipulation of sound patterns to represent perceptual objects will be obvious.

Now, according to the old and new associationist theories of meaning and naming, all that happens in such instances is the establishment of an external linkage between sign and referent: the pattern, whether sound, line, movement, after a number of contiguous pairings and reinforcements, indicates the objects or evokes the conception of it in the form of an image. But is that what happens? Or is that all that happens? Of course, if one maintains the properly antiseptic posture of the physicalist, and looks on imperiously from outside the operating room, that is all that one sees. But perhaps all of us may, at least for the moment, suspend our impersonal, disinterested, “objective” attitude, and become anthropomorphic; let us take the role of a human subject in the situation. Dr. Bodansky asked her subjects how each of the patterns did or could represent each of the alternative conceptions. Surprisingly enough (i.e., surprising from an S-R contiguity viewpoint), she did not get, from *any* of her subjects, the response that a pattern represented a conception simply because the experimenter had stipulated such a relationship. In every case, the subject saw, or struggled to achieve, some relationship of “fittingness” between vehicle and referent. This was done through imaginative structurings and restructurings of the patterns and reformulations, concretizations, elaborations of the conception — a ceaseless back and forth movement, until some *modus vivendi* was established, some modicum of fit was achieved. In other words, although a subject was presented with an external, arbitrary pairing, he struggled to establish some internal, fitting, relationship between vehicle and referent. In this process, the physically invariant, single pattern, as it was taken to represent different conceptions, was simultaneously structured — through aesthetic, imaginative activity — into different symbolic vehicles. Dr. Bodansky’s findings, which apply *mutatis mutandis* to any medium of representation, bear directly on what the linguist, Stephen Ullman, refers to as the basic or primary problem of linguistic meaning — the nature of the semantic relationship itself.

The final study I shall mention here bears on what, according to Ullman, is the second most important problem in the study of linguistic meaning, the problem of polysemy: that is, the problem of how one word-form can, without confusion, represent

many meanings; or more generally, how one pattern in any medium can represent a plurality of conceptions. Dr. Bodansky's study already provides some information on this question, since she did have each of her patterns representing two different conceptions. However, in her study, it was *stipulated* that a given pattern be taken to represent the two notions. In the study I am referring to now, carried out by Leonard Cirillo, the creation of the vehicle and its extension to other referents were entirely in the hands of the subject. For example, a subject was first asked to represent some situation, event or state of affairs, e.g., an outburst of rage, a state of ecstasy, falling asleep, running. After this was done, the subject was requested to look at his own production, his own "linear utterance", and to state any other conceptions which it could represent. Following this part of the task, each subject was asked how one and the same pattern represented each of the different conceptions which he had taken it to represent. In general, Cirillo's findings parallel those of Dr. Bodansky: as the physically invariant pattern is taken to represent different conceptions, the subject aesthetically, imaginatively, restructures the pattern so that a relationship of "fittingness" obtains between vehicle and referent: the external one-many relationship turns out, from the point of view of the subject engagé, to be a one-to-one relationship. What is to an encapsulated visual system or to a so-called "objectivist" one invariant pattern is for the subject, and for those interested in what the subject is doing, many vehicles each corresponding to a certain conception.

I wish I had the time to go into the details of each of these studies, to present the elaborate categories of analysis, to read some of the protocols of the subjects. Lack of time precludes my doing this. Fortunately, however, one can, for oneself, gain an immediate acquaintance with what occurs in these situations. Each of us, with good will, can adopt that anthropomorphic attitude of a human being, and see for himself how aesthetic, imaginative activity, in cooperation with the act of radical metaphorizing, facilitates — and indeed, constitutes, the origin of language.

## BOOK REVIEWS

R. D. LAING

*THE DIVIDED SELF: AN EXISTENTIAL STUDY IN SANITY AND MADNESS.* London, England: Tavistock Publications, 1959. Pp. 240, 25s net; Chicago, U.S.A.: Quadrangle Books, 1960. Pp. 240.

Dr. Laing examines schizoid and schizophrenic phenomena in the light of existential psychology. To what degree is this work dependable as an introduction to existential psychology and what is its specific contribution?

Despite the fact that existential psychology leads to experiment and application, it is not primarily an experimental or applied mode of psychology. Existential psychology is first of all a development within the area of comprehensive theoretical psychology. Nonetheless, as a form of comprehensive theoretical psychology, existential psychology is empirical since it aims at the formulation of interdependent scientific hypotheses. These scientific hypotheses presuppose a hierarchical system of comprehensive constructs. Existential psychology finds these constructs in the phenomenological descriptions of directly experienced behavior. These inclusive hypothetical constructs are then used for the integration of the data and constructs of the single domains of psychology.

The construct of ex-sistence, for instance, or of man's being-in-the-world, reflects the original observation of the concrete man behaving bodily within his environment in relationship to others. In other words, this term comprehends or includes the original "wholeness" of self, experience, measurable behavior, body and environment. The inclusiveness of this kind of construct enhances the possibility that it can be used to evolve a fundamental frame of reference which integrates the variety of data and constructs which have been developed by psychologists who have explored physiological, experiential, measurable behavioral, social, pathological or other partial aspects of human reality. These aspects were abstracted from the immediately given totality of behavior-in-a-situation. It is the purpose of existential psychology to restore the original unity by a re-integration of those abstracted and now scientifically developed aspects into a new and richer theoretical synthesis. Testable propositions can be deduced from the hypothetical constructs and put to empirical test. As long as the outcome of experimental research, observation and application does not convincingly contradict the comprehensive constructs, the psychologist maintains them as operationally useful; otherwise he will dismiss or change them.

Briefly, existential psychology can be described as primarily

descriptive-theoretical-integrational and as secondarily experimental and applied.

Dr. Laing's book could be characterized in this light as descriptive-theoretical-integrational in one area of existential psychology, namely the integration of certain constructs and observations of psychoanalytic psychology. A few of his theoretical formulations of the existential position in psychology are somewhat misleading since they do not foster a full awareness of the comprehensive scope of existential psychology. For instance, he does not stress the integration of existential and physiological psychology, while existential psychology — as a search for a comprehensive theory of man based on *all* available data — is in fact the constant endeavor to really integrate the physiological data which are usually handled in isolation. The classics of Merleau-Ponty and of the noted European physiologist Frederick Buytendijk in existential scientific theory illustrate this integrational endeavor.

Consequently, this book is somewhat misleading if conceived as a dependable introduction into the universe of discourse of existential psychology. The study of Dr. Laing is, however, an effective introduction to a limited clinical area of existential psychology. His book is not burdened by the tortuous style characteristic of the English translations of certain European existential analysts. The language is fluent, clear and concise. Its expositions are linked to clinical observations, and it abounds in comparisons with conventional views. The author's explanations of some of his theoretical positions are, however, not so clear. He claims, for instance, that dualism cannot be avoided within the traditional psychopathological frame of reference except by falling into a monism that is merely its mirror image and is equally false. Such an important statement may not be as clear to the reader as it is to the author.

What is the specific contribution of this book to existential psychology? Dr. Laing tries to integrate within an existential theory of man some of the traditional psychoanalytic contributions to our understanding of psychosis. This study, therefore, is a dialogue between existential and psychoanalytic theory based on clinical data and reminds us of other dialogues between existential psychology and, respectively, behaviorism, learning theory, physiological and experimental psychology. In other words, Dr. Laing's dialogue contributes in one area to the recent movement in psychology which aims to develop comprehensive psychological theories capable of encompassing with inner consistency the variety of data of empirical research and of the many constructs developed in psychology and psychiatry.

One criterion of effective dialogue between comprehensive constructs and single domain constructs and data is its capacity to integrate the data and constructs within a more comprehen-



sive frame of reference without destroying their original contribution. Dr. Laing manifests an open respectful attitude toward the psychoanalytic heritage; there is usually no denial of the precious insights of the past but a prudent attempt to re-evaluate them in the perspective of the fundamental structure and the primordial situation of man. In this light incestuous desires, frigidity, homosexuality, exhibitionism, withdrawal, defenses — while recognized as such — receive, as it were, a dimension of deeper meaning which throws new light on the traditional views and leads to a more fundamental understanding. It is, however, a weakness of this dialogue that it is not at the same time an implicit dialogue with areas of psychology other than psychoanalysis. This deficiency leads to formulations which seem less respectful and therefore less fruitful for the existential-integrational enterprise. For instance, the author mentions that the standard psychiatric patient is a function of the standard psychiatrist, and of the standard mental hospital, a patient who is measured, tested and diagnosed but experientially misunderstood. He neglects to add, however, that existential psychology is engaged also in a respectful integrational dialogue with the rich contributions of the area of tests and measurement in psychology.

Another criterion of effective dialogue is its creative quality. An integrative dialogue which is creative leads to new hypotheses. Dr. Laing's study is most worthwhile in this respect. His book is rich in valuable original suggestions which throw a surprisingly new light on various well known data. His refined and subtle analysis of the schizoid and schizophrenic predicament, illustrated by acutely sensitive reports of the experiences of a number of schizoid and schizophrenic individuals, is truly original, consistent and does not violate the observations of the students in this area. Especially illuminating are his elaborations of the constructs of "the schizoid and schizophrenic mode of being-in-the-world," "ontological security and insecurity," "the false self as one way of not-being-oneself," "the schizophrenogenic family," and so on.

One of the central hypothetical constructs developed by Dr. Laing is the construct, "body as the niveau of the false self explanations." His theoretical delimitation of this construct is ambiguous and confusing. Sometimes, the author gives the impression that he uses the term body in the sense of experienced organism; at other places he recognizes that the false self system based on body experience extends itself in the experience of the individual beyond the experienced organism. The phenomenologist Stephan Strasser (in his book, *The soul in metaphysical and empirical psychology*, Duquesne University Press, 1957) demonstrates that the body is experienced as "the whole of my real and possible concrete quasi-objects." One has to study Strasser's book carefully in order to understand this defini-

tion which seems obscure at first sight. But this definition becomes meaningful when one gropes for functional constructs which can structure the data of schizoid and schizophrenic experiences reported by Dr. Laing. Strasser's notion provides a construct which integrates more efficiently and consistently the group of body experiences described in Dr. Laing's book.

Another criterion of effective existential dialogue is the formulation of new modes of application or experimentation, the outcome of which may reinforce or challenge the temporary synthesis reached at a certain moment of the dialogue. Dr. Laing, however, abstains from the formulation of therapeutic or experimental suggestions.

The ultimate criteria of existential psychology are the results obtained by strict observation and research by different specialists in the various areas of psychology, who deduce testable propositions from the new comprehensive formulations that, like the theory of relativity in physics, cannot be tested directly. Research will show to what degree Dr. Laing's new and more comprehensive view will be empirically verified.

This book by Dr. Laing is highly recommended for psychiatrists, psychologists and social workers who are interested in existential psychology and psychiatry. Its clear exposition and language makes it also worthwhile reading for non-professionals who would like to gain understanding of the schizoid and schizophrenic predicament.

Adrian van Kaam

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